

# DISC Privacy Act Statement

To our patients: This notice describes how your Protected Health Information (PHI) may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996(HIPAA). Our practice is dedicated to maintaining the privacy of your PHI. We are required by law to maintain the confidentiality of your PHI. This notice is to provide you with our legal duties and privacy practices, which we agree to abide by the terms of the notice currently in effect. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that it maintains, any revised notices will be posted here and available for your request at our front desk and available on our website [www.sciatica.com](http://www.sciatica.com).

With your written consent our practice may use and disclose your PHI in the following ways:

- In order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI information to others who assist in your care, such as your spouse, children, or parents, in compliance with the State and National Laws.
- To bill and collect payment for the services you receive from us. We may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. We may use and disclose this information to obtain payment from third parties that may be responsible for such costs. We may use your PHI to bill you directly for services, supplies, medical records, and any other requested items.
- To be able to run our practice at the highest standards, as effectively as possible. This could be used to evaluate the performance of services provided to insure complete Quality Assurance procedures and policies.
- When we are required to do so by Federal, State, or local laws.
- We may need to call or email you to remind you of an appointment, to return a patient phone call, or leave a message. Please advise us if you do not want us to call and/or email or leave any messages for you on a voicemail, answering machine, with any answering parties at your listed contact phone number and/or email address.

Certain circumstances may require us to use or disclose your PHI without your consent, below are examples:

- To the Public Health Authorities and Health Oversight agencies that are authorized by law to collect information.
- Lawsuits and similar proceedings in response to a court or administrative order.
- If required to do so by a Law Enforcement Official.
- We participate in an organized health care arrangement consisting of greater Phoenix metropolitan area hospitals as well as physicians who have medical staff privileges at one or more of these hospitals. Participants in this arrangement work together to improve the quality and efficiency of the delivery of healthcare to their patients. As a participant in this arrangement, we may share your PHI with other members of this arrangement for purposes of treatment, payment or the health care operations of this organized health care arrangement.
- When necessary to reduce or prevent a serious threat to your health and safety, or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
- If you are a member of United States, or Foreign Military Forces (includes Veterans) and if required by the appropriate authorities.
- To Federal Officials for intelligence and National Security activities authorized by law.
- Correctional Institutions or Law Enforcement Officials if you are an inmate, or under the custody of a Law Enforcement Official.
- To Workers Compensation carriers.
- If you are an Organ Donor, as necessary to facilitate the organ or tissue donations and transplantation.
- To authorized Federal Officials so they may provide protection to the President, other authorized persons or foreign heads of State or conduct special investigations.
- To a coroner or medical examiner.
- For research.

Your written authorization is required in the following circumstances:

- To release any PHI to an attorney, any insurance company that is not currently your medical insurance carrier, or if you are changing physicians.
- If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. If you revoke your permission that was obtained as a condition of obtaining insurance coverage, other law still allows the insurance company to contest a claim under the policy.
- To use or sell your PHI for marketing purposes.
- To restrict disclosures to a health plan for a health care item or service you have paid for out of pocket in full.
- To restrict disclosures to a family member or others involved in your care after your death.

# Privacy Act Statement Continued

You have the right to request a restriction or limitation on the medical information we use or disclose about you : for treatment, payment, or health care operations. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the PHI is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to Desert Institute for Spine Care, Attn: Administrator. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example disclosures to your spouse.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Desert Institute for Spine Care, Attn: Administrator. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted, and must contain a statement that disclosure of all or part of your medical information that you are requesting to be communicated to you in a certain way or at a certain location could endanger you.

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include information compiled in anticipation of a legal proceeding or psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Desert Institute for Spine Care, Attn: Administrator. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request and will provide you with access and/or copies within 30 days.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

If you feel the medical information about you is incorrect or incomplete, you have the right to ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our Practice. To request an amendment, your request must be made in writing to Desert Institute for Spine Care, Attn: Medical Assistant. In addition, you must provide a reason that supports your request. We have 60 days to respond.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the PHI kept by or for the Practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

You have a right to restrict certain disclosures of PHI to a health plan where you have paid out of pocket in full for that health care item or service.

You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of medical information about you. You must request this list in writing to Desert Institute for Spine Care, Attn: Administrator. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before costs are incurred.

You have a right to a paper copy of this notice that is available at front desk or may be printed from our website [www.sciatica.com](http://www.sciatica.com).

We reserve the right to change this notice.

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with the Administrator at (602) 944-2900, or with the Arizona Department of Health Services at (602) 364-3030, or visit [www.adhs.gov](http://www.adhs.gov), or write to ADHS, 150 North 18th Ave, Ste. 450, Phoenix, AZ 85007, or the Medicare Beneficiary Ombudsman at <https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**