

**Notice of Health Information Practices  
Amended 02/11/09**

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET  
ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.

**Introduction**

At Riverside Spine and Pain Physicians, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

**Understanding Your Health Record/Information**

Each time you visit Riverside Spine and Pain Physicians a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

**How We May Use and Disclose Information**

*We will use your health information for treatment.*

**For example:** Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. We may also provide subsequent a health care provider with copies of various reports that would assist him or her in treating you.

*We will use your health information for payment.*

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*We will use your health information for regular health operations.*

**For example:** Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

*Business Associates:* There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

*Communication with Family:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you verbally identify, health information relevant to that person's involvement in your care or payment related to your care.

*Research:* We may disclose a limited amount of information to an outside entity when the research has been approved by an institutional review board that has reviewed the proposal and established protocols to ensure the privacy of your health information. We will ask permission if the researcher will have access to your name, address or other information that reveals who you are.

*Funeral Directors:* We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

*Organ Procurement Organizations:* Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

*Marketing:* We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Fund-raising:* We may contact you as part of a fund-raising effort for our office.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Workers Compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Public Health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Correctional Institution:* Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

*Law Enforcement:* We may disclose health information for law enforcement purposes and special government functions as required by Federal, State or Local law; in response to a valid judicial subpoena, warrant, summons, or court order.

*Disaster Relief:* We may share information with an outside agency for use in disaster relief.

*Government:* Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney to verify that we are following applicable rules, including HIPAA, or for a specialized government function, such as national security.

*Information Not Personally Identifiable:* We may use or disclose information about you in a way that does not personally identify or reveal who you are.

We will not use or disclose your health information without your authorization, except as described in this notice. If we have HIV information we cannot release that information without a separate and specific, written, signed authorization from you that complies with the law governing HIV records. We will discontinue use or disclose of your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

Amendment of 2/11/09: Because of the nature of our clinical business, we routinely maintain as part of your health record narcotic prescription information, substance abuse history, prescription aberrancies and violations of the Pain management agreement, and the results of routine urine drug testing for compliance with narcotic prescriptions and monitoring for illegal substance abuse. These items may be released to third parties in accordance with this agreement, and substance abuse history and information may be contained within your ordinary health records.

### **Your Health Information Rights**

Although your health record is the physical property of Riverside Spine and Pain Physicians the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices, upon request.
- Inspect and copy your health record, upon written request. We will charge a fee for the cost of copying, mailing and other associated costs. In certain cases we may deny requests. We will provide you with our reasoning and inform you of your additional rights.
- Amend your health record, upon written request and only if we created and maintained the information. In certain cases we may deny requests. We will provide you with our reasoning and inform you of your additional rights.
- Obtain an accounting of disclosures of your health information, upon written request. Request must state time period, which can not be prior to April 14, 2003, and can not be more than six years prior to date of request. We will charge a fee for the cost of providing the list. The accounting will exclude disclosures permitted under the Privacy Rule including those made for treatment, payment and health care operations; made to you and authorized by you.
- Request communication of your health information by alternative means or at an alternative location, in writing. We will honor reasonable requests. No explanation is required.
- Request a restriction on certain uses and disclosures of your information, in writing. We are not required to agree to your request. If we do agree, we do not need to honor the restriction in emergency treatment situations, or in situations described in this notice as uses and disclosures not requiring authorization. We may terminate the restriction without your approval. If the restriction is terminated without your approval you will be notified and the restriction will be respected for information gathered while the restriction was effective.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

**Our Responsibilities**

Riverside Spine and Pain Physicians is required to:

- Maintain the privacy of your health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Follow internal policies designed to carry out the terms of this notice.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice in our office, making the revised notice available upon request.

**For More Information or to Report a Problem**

If have questions and would like additional information, you may contact the practice's Privacy Officer, Valerie Corns, at 904-389-1010.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

*Office for Civil Rights*

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

Notice of Privacy Policies Revision Number 041403.