

COASTAL PAIN AND SPINE CENTER

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (HHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your HHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

The terms of this notice apply to all records containing your HHI that are created or retained by our practice. We reserve the right to revise or amend the Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice created or maintained in the past, and for any of your records that we may create or maintain in the future. You may request a copy of our most current Notice at any time.

B. **IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:** Privacy Official, CPSC, 38 Sheridan Park Circle, Ste F, Bluffton, SC 29910, (843) 757-6744.

C. WE MAY USE YOUR HHI IN THE FOLLOWING WAYS:

1. **Treatment.** Our practice may use your HHI to treat you. For example, we may ask you to have an x-ray or an MRI and we may use the results to help reach a diagnosis. We might leave normal test results on your answering machine or voice mail. We might use your HHI in order to write a prescription for you, or we might disclose your HHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice, including, but not limited to our doctors and nurses, may use or disclose your HHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your HHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your HHI to other health care providers for purposes related to your treatment.
2. **Payment.** Our practice may use and disclose your HHI in order to bill and collect payment for the services and items you may receive from use. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your HHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your HHI to bill you directly for services and items. We may disclose your HHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Health care operations.** Our practice may use and disclose your HHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your HHI to evaluate the quality of care you received from us or conduct cost-management and business planning activities for our practice. We may disclose your HHI to other health care providers and entities to assist in their health care operations.
4. **Appointment reminders.** Our practice may use and disclose your HHI to contact you and remind you of an appointment.
5. **Treatment options.** Our practice may use and disclose your HHI to inform you of the potential treatment options or alternatives.
6. **Health-Related Benefits and Services.** Our practice may use and disclose your HHI to inform you of health-related benefits or services that may be of interest to you.

7. **Release of information to Family/Friends.** Our practice may release your HHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.
8. **Disclosures Required by Law.** Our practice will use and disclose your HHI when we are required to do so by federal, state, or local law.

D. USE AND DISCLOSURE OF YOUR HHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information.

1. **Public Health Risks.** Our practice may disclose your HHI to public health authorities that are authorized by law to collect information for the purpose of: maintaining vital records, such as births and deaths; reporting child abuse and neglect; preventing or controlling disease, injury or disability, notifying a person regarding a potential risk for spreading or contracting a disease or condition; reporting reactions to drugs or problems with products or devices; notifying individuals if a product or device they may be using has been recalled; notifying appropriate government agencies regarding the potential abuse or neglect of an adult patient (including domestic violence); notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities.** Our practice may disclose your HHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil rights laws and the health care systems in general.
3. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your HHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your HHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release HHI if asked to do so by a law enforcement official; regarding a crime victim in certain situations, if we are unable to obtain the person's agreement; concerning a death we believe has resulted from criminal conduct; regarding criminal conduct at our offices; in response to a warrant, summons, court order, subpoena, or similar legal process; to identify/locate a suspect, material witness, fugitive, or missing person; in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identify or location of the perpetrator).
5. **Deceased Patients.** Our practice may release HHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
6. **Research.** Our practice may use and disclose your HHI for research purposes in certain circumstances. We will obtain your written authorization to use your HHI for research purposes except when an Institutional Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure, (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); an (C) adequate written assurances that the HHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the HHI.
7. **Serious Threats to Health or Safety.** Our practice may use and disclose your HHI 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. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
8. **Military.** Our Practice may disclose your HHI if you are a member of U.S. or foreign military forces (including veterans) an if required by the appropriate authorities.
9. **National Security.** Our practice may disclose your HHI to federal officials for intelligence and national security activities when authorized by law. We also may disclose your HHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
10. **Inmates.** Our practice may disclose your HHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for

the institution to provide health care services to you, (b) for the safety and security to the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

11. **Worker's Compensation.** Our practice may release your HHI for Worker's compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR BILL

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request to **Privacy Official CPSC, 38 Sheridan Park Circle, Ste. F, Bluffton, SC 29910**, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosures of your HHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your HHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your HHI, you must make the request in writing to **Privacy Official CPSC, 38 Sheridan Park Circle, Ste. F, Bluffton, SC 29910**. Your request must describe in a clear and concise fashion:
 - a. the information you wish restricted;
 - b. whether you are requesting to limit our practice's use, disclosure or both; and
 - c. to whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the HHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to **Privacy Official CPSC, 38 Sheridan Park Circle, Ste. F, Bluffton, SC 29910** in order to inspect and/or obtain a copy of your HHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Also, we require 72 hours' notice for processing all requests for copies of your HHI. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to **Privacy Official CPSC, 38 Sheridan Park Circle, Ste. F, Bluffton, SC 29910**. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting the request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the HHI kept by or for the practice; (c) not part of the HHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information
5. **Accounting of disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your HHI for non-treatment, non-payment, or non-operations purposes. Use of your HHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor shares information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to **Privacy Official CPSC, 38 Sheridan Park Circle, Ste. F, Bluffton, SC 29910**. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before January 3, 2005. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **Privacy Official CPSC, 38 Sheridan Park Circle, Ste. F, Bluffton, SC 29910**.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human services. To file a complaint with our practice, contact **Privacy Official CPSC, 38 Sheridan Park Circle, Ste. F, Bluffton, SC 29910**. All complaints must be done in writing. You will not be penalized for filing a complaint.

8. **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to use regarding the use and disclosure of your HHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your HHI for the reasons described in the authorization. Please note we are required to retain records of your care.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE OR OUR HEALTH INFORMATION PRIVACY POLICIES, PLEASE CONTACT PRIVACY OFFICIAL (843) 757-6744

F. Modifications to the HIPAA Privacy, Security, Enforcement and Breach Notification Rules Under the Health Information Technology for Economic and Clinical Health Act and the Genetic Information Nondiscrimination Act.

1. **Branch Standard.** The Omnibus Rule changed the standard for determining whether a breach of unsecured PHI has occurred, and thus, Coastal Pain and Spine Center must follow the notification requirements under HIPAA. Who must be notified however, has remained unchanged. The new breach standard should be included in our internal policies on responding to a potential breach. Once a new standard has been incorporated into Coastal Pain and Spine Center policies, we will no longer use the prior breach standard, even for potential breaches that occur prior to the Omnibus Rule compliance deadline of September 23, 2013.
2. **Marketing and sale of PHI.** The marketing of third-party products and services and sale of PHI is general prohibited. These general prohibitions do not apply if Coastal Pain and Spine Center has received valid authorization from the Patient. Therefore, in order for use to market third party services to patients based on their PHI, or to sell or provide access to PHI for payment, Coastal Pain and Spine Center must request permission to do so for each patient whose PHI it wishes to use. Coastal Pain and Spine Center must request permission to do so from each patient whose PHI it wishes to use. Coastal Pain and Spine Center should also ensure that any definitions of "marketing" and "sale of PHI" in our policy comports with the revised definitions and standards under the Omnibus Rule.
3. **Decedents' PHI.** Under the Omnibus Rule, the definition of "Protected health information" no expressly excludes the health information of a person who has been deceased for more than 50 years. In addition, the Omnibus Rule provides that we may disclose the PHI of a deceased person to such person's family members, relatives, or close friends, or other individuals indicated by the deceased, who were involved either in the deceased's care or the payment of care. Coastal Pain and Spine Center may disclose only PHI that is relevant to the family member, relative, or friends' involvement in the deceased's care. PHI cannot be disclosed if Coastal Pain and Spine Center is aware that the deceased person expressed a prior preference for it not to be disclosed to the person in question.
4. **Patient rights to limit disclosures.** Under the Omnibus Rule, Coastal Pain and Spine Center must comply with a patient's request that PHI regarding a specific health care item or service not be disclosed to a health plan for purposes of payment or health care operations if the patient paid out-of-pocket, in full, for that item or service.

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