3840 Ed Drive, Suite 111
Raleigh, NC 27612
919-825-3902

1303 Carthage Street
Sanford, NC 27330
919-292-2468

Spine & Pain ASSOCIATES
Feel Better, Live Better

www.spineandpainassociates.com • Fax 919-292-2167

959 East Street
Pittsboro, NC 27312
919-292-2468

3117 Rogers Road, Unit #120
Wake Forest, NC 27587
919-701-5503

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THE POLICY CAREFULLY.

This notice describes the privacy practices of Spine & Pain Associates, PLLC in the locations where we provide care for patients. Currently we provide the majority of care in our office

Our Pledge Regarding Health Information
We understand that information about you, your health, and your health care is personal. We are committed to protecting the security of that information and your protected health information (PHI), and to preventing its disclosure without your authorization.

We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by this health care practice, whether made by your personal physician or by others working in this office. This notice tells you about the ways in which we may use and disclose your PHI. We also describe your rights to the PHI that we keep about you and explain our obligations regarding the use and disclosure of your PHI.

By law, we are required to:

- Make sure that health information that identifies you is kept private
- Provide you with this notice of our legal duties and privacy practices with respect to your PHI
- Follow the terms of the notice that is currently in effect
- Notify you if there is a security breach of protected health information (PHI) except when the PHI is encrypted and is disposed of securely

How We May Use and Disclose Your PHI
The following categories describe different ways that we use and disclose health information. Within each category, we have provided a list of examples.

For Treatment: We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to physicians, nurses, technicians, health students, or other personnel who are involved in taking care of you. They may work at our offices; at the hospital if you are hospitalized under our supervision; or at another physician's office, lab, pharmacy, or other health care provider where we may have referred you for x-rays, laboratory tests, prescriptions, or other treatment purposes. For example, a physician treating you for a broken leg may need to know if you are being actively managed in our clinic for a spine or pain condition. In addition, the physician may need to tell another health care provider about your medical condition(s), so that you can receive appropriate treatment. We may also disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

For Payment: We may use and disclose information about treatment and services we provided to you for billing purposes. The information may include monies that we have received from you, an insurance company, or a third party. For example, we may need to provide information about your office visit to your health plan information so the plan can either pay us or reimburse you for the visit. We may also tell your health plan about a treatment before

continued

you receive it so that we can obtain prior approval, if required, or determine if your plan will cover the treatment. If we provide a service for which you pay in full out-of-pocket and you request that we not send PHI to your insurance company, we are obligated to comply with your request except when the information is needed to comply with the law.

For Health Care Operations: We may use and disclose protected health information about you for the operation of our health care practice. These uses and disclosures are necessary to run our practice and to make sure that all our patients receive quality care. For example, we may use health information in a general review of our treatments and services or, more specifically, to evaluate the performance of our staff in caring for you. We may also combine the health information of many patients to decide what improvement we could make, what additional services we should offer, what services are not needed, or whether certain new treatments are effective. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who are our specific patients.

Marketing: We will seek and obtain your prior written authorization for all written communications to you regarding treatment and healthcare operations where we have received financial remuneration from (or on behalf of) a third party in exchange for sending the communication; and the communication is intended to encourage purchase or use of a product or service offered by the third party. This requirement may apply to appointment reminders, treatment reminders, alternative treatments, and healthcare products and services. The requirement does not apply to face-to-face communications; promotional gifts of "nominal" value; prescription refill reminders or other communications about a drug or biologic that is being prescribed for you if the financial remuneration that receive is reasonably related to our cost for making the communication; communications about general health; and communications about government or government-sponsored programs.

Health-Related Services and Treatment Alternatives: We may use and disclose protected health information (PHI) to tell you about health-related services or recommend possible treatment options or alternatives that may be of interest to you. Please let us know if you do not wish us to send you this information or if you wish us to send this information to a different address.

Appointment Reminders: We may use and disclose protected health information to contact you to remind you that you have an appointment or that you missed an appointment and should contact us to reschedule. Please let us know your preferred method of contact for appointment reminders (e.g. home phone, cell phone, email).

Fundraising Activities: From time to time we may use your protected health information (PHI) to contact you in an effort to raise money for a not-for-profit organization. We may disclose health information to a Business Associate that may then contact you to raise money for our practice. We only will release contact information, such as your name, address, and phone number, and the dates you received treatment or services from us. In these instances, we will give you the option to opt out of the fundraising communication.

Sale: From time to time we may sell your protected health information (PHI) for financial or other remuneration. For example, a researcher may pay us a fee that exceeds the reasonable cost to prepare and transmit the PHI. We will obtain your prior authorization for the use and disclosure of protected health information (PHI) for sales purposes.

Research: Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another medication for the same condition. The practice owner must approve all research projects. The practice owner or owners evaluate all potential projects and select those that will be of direct or indirect benefit to our patients and/or community. The review process also evaluates a proposed research project's use of health information, trying to balance the needs of the research community with patients' need for privacy. We will obtain your written authorization to use your PHI for research purposes except when the practice owner has determined that:

continued

- The use or disclosure involves no more than a minimal risk to your privacy based on the following:
  - An adequate plan to protect the identifying information from improper use and disclosure;
  - An adequate plan to destroy the identifying information 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); and
  - Adequate written assurances that the PHI will not be reused 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);
- The research could not practically be conducted without the waiver; and
- The research could not practically be conducted without access to and use of the PHI.

Before we use or disclose health information for research, the project will have been approved through our research approval process. However, we may disclose health information about you to people preparing to conduct a research project. For example, we may help potential researchers look for patients with specific health needs, as long as the health information they review does not leave our office.

Organ and Tissue Donation: If you are an organ donor, we may release health information to an organ donation bank or to organizations that handle organ procurement or organ, eye, or tissue transplantation, as necessary to facilitate organ or tissue donation and transplantation.

As Required by Law: We will disclose health information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Such disclosure, should it occur, would be to someone able to help prevent the threat.

Military and Veterans: If you are a member of the armed forces or separated or discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans' Affairs, if applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

Workers' Compensation: We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose health information about you for public health activities. These activities generally include the following:

- The prevention or control of disease, injury, or disability
- The reporting of births and deaths
- The reporting of child abuse or neglect
- The reporting of reactions to medications or problems with products
- The notification of people about recalls of products they may be using
- The notification of a person or organization required to receive information on Food and Drug Administration–regulated products
- The notification of a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- The notification of the appropriate government authority, if we believe a patient has been the victim of abuse, neglect, or domestic violence (we will only make this disclosure if you agree or when required or authorized by law)

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. Examples of oversight activities are audits, investigations, inspections, and licensure. These

continued

activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release health information upon request by a law enforcement official:

- In reporting certain injuries, as required by law: gunshot wounds, burns, dog bites, and injuries to perpetrators of crime
- In response to a court order, subpoena, warrant, summons, or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person (name and address, date of birth or place of birth, social security number, blood type or Rh factor, type of injury, date and time of treatment and/or death, if applicable, and a description of distinguishing physical characteristics)
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at our facility
- In emergency circumstances to report a crime; the location of a crime or victims; or the identity, description, or location of a person who committed a crime

Coroners, Health Examiners, and Funeral Directors: We may release health information to a coroner or health examiner. This release may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose health information about you to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons, or foreign heads of state.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy health information such as medical and billing records that may be used to make decisions about your care.

  In order to request inspection and copying of health information that may be used to make decisions about you, submit a written request to the Practice Manager. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request.

  We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request a review of the denial. This review will be conducted by another

continued

licensed health care professional chosen by our practice. The person conducting the review will not be the person who denied your request. Our practice will comply with the outcome of the review.

- **Right to Request Information in a Form of Your Choosing:** You have the right to request the provision of protected health information (PHI) in a form of your choice such as paper or electronic. We will grant or deny the request within 30 days, and we may at times request a 30-day extension period. If any of the protected health information (PHI) is stored off-site, we will respond to your request within 60 days. We may charge you a reasonable, cost-based fee for preparing the information that you request.

- **Right to Request that We Send Information to Other Designated Parties:** You have the right to request that we send copies of your protected health information (PHI) to other designated parties, provided that you submit a written signed request, designating the name, identity, and correct address of the designated recipient.

- **Right to Amend:** If you believe that health information we have about you is incorrect or incomplete, you may ask that we amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, submit a written Request for Correction/Amendment of Protected Health Information form to the Practice Manager. Include the change/amendment that you want and your reasons on the form.

  We may deny your request for an amendment if it is not in writing or does not include a reason for 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 health information kept by or for our practice
  - Is not part of the information that you would be permitted to inspect and copy
  - Is accurate and complete

  Any amendment we make to your health information will be disclosed to those to whom we disclose information as previously specified.

- **Right to an Accounting of Disclosures:** You have the right to request a list of the disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations, as previously described.

  To request this list of disclosures, submit your request in writing to the Practice Manager. Your request must state a time period that may not be longer than 6 years and may not include dates prior to the opening of the practice. The first list you request within a 12-month period will be free. For additional lists, 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 that time before any costs are incurred. We will mail you a list of disclosures in writing within 30 days of your request. If we are unable to provide you with this information within 30 days, we will notify you of that fact and inform you of the date by which we can supply the list. This date will not be more than 60 days from the date you made the request.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information that we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we withhold your information from a specified nurse or that we not disclose to your spouse information about a procedure or surgery you had. We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively affect the care we provide you.

continued

If we do agree, we will comply with your request, unless the information is needed to provide emergency treatment for you. To request a restriction, make your request in writing to the Practice Manager on the Authorization to Use and Disclose PHI form. Specify the information that you want to limit and to whom you want the limits to apply.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about health 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 a post office box.

  To request confidential communications, make a written request in writing to the Practice Manager.. 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 us to contact you.

- **Right to Request Withholding of Disclosures Health Plans:** If you pay out-of-pocket in full for a service that we provide, you may request that we withhold from the payer disclosure of information on that service. We are obligated to comply with that request unless disclosure is otherwise required by law.

- **Right to Request Withholding of Use and Disclosure of Psycotherapy Notes:** You may request that we withhold use and disclosure of psychotherapy notes related to care we provide for you.

- **Right to Be Notified Should there Be a Breach:** You have the right to receive notice from us regarding a breach in disclosure of protected health information (PHI).

- **Right to a Paper Copy of This Notice:** You have the right to request a paper copy of this notice at any time. The office staff can provide the Notice for you.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as for any information we receive in the future. We will post a copy of the current Notice both at our office and on our Website. The effective date will appear at the top of the first page. You may request a copy of our most current notice at any time.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services in Washington, DC. To file a complaint with us, complete our Patient Comment and Privacy Complaint form (https://spineandpainassociates.com/for-patients/). Submit all complaints in writing to the Practice Manager. You will not be penalized for filing a complaint.

Other Uses of Health Information

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information (PHI) about you for the reasons covered by your written authorization. We cannot revoke any disclosures that we have already made with your permission. We are required to retain our records of the care that we provided to you.

Acknowledgment of Receipt of This Notice

We will request that you sign a separate form acknowledging that you have received a copy of this notice. If you choose not to sign or are unable to sign, a staff member will sign his or her name and date. This acknowledgment will be filed with your records.