

Spine Associates

5420 West Loop South, Suite 2500, Bellaire, Texas 77401

Office (713) 383-7100 * Fax (713) 383-7500

3129 College Street, Suite 300, Beaumont, Texas 77701

Office (409) 767-8221 * Fax (409) 785-4200

Asif M. Chaudhry, M.D.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED

AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY ACT OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA) which went into effect April 14, 2003. This Notice describes how we may use and disclose health information about you for treatment, payment, healthcare operations, or for other purposes that are permitted or required by law. It also describes your rights to access and control your health information in some cases. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

Use and Disclosure of Information by Your Healthcare Provider

The provider may use your health information for purposes of providing treatment, obtaining payment for treatment, and conducting healthcare operations. Your health information may be used or disclosed only for these purposes unless the Provider has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA Privacy Regulations or State law. Disclosures of your health information for the purposes described in this Notice may be made in writing, orally, or by facsimile.

Treatment: We may use and disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use or disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, employee review activities, education, training programs, accreditation, certification, licensing or credentialing activities, as well as compliance reviews, medical reviews, and business management and general administrative activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use of disclosures permitted by your authorization while it was in effect.

To Your Family and Friends: We will disclose your health information to you, as described in the Patient Rights section of this Notice. With your permission, we may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or location) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practices to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information in the course of judicial or administrative proceedings in response to an order of the court or other appropriate legal process.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized Federal officials health information required for lawful intelligence, official having lawful custody of health information or inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, e-mail, postcards, or letters.)

Worker's Compensation: The provider may release your health information to comply with worker's compensation laws or similar programs.

PATIENTS RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of the Notice.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (Except in an emergency).

Amendment: You have the right to request that we amend your health information. (Your request must be in writing and it must explain why the information should be amended.) We may deny your request under certain circumstances.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

Our Promise to You: We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to health information, and to abide by the terms of their notice of privacy practices in effect.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information, you may complain to us in the contact information listed at the end of the Notice. You also may submit a written complaint to the US Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Spine Associates

5420 West Loop South, Suite 2500, Bellaire, Texas 77401

Office (713) 383-7100 * Fax (713) 383-7500

3129 College Street, Suite 300, Beaumont, Texas 77701

Office (409) 767-8221 * Fax (409) 785-4200

Asif M. Chaudhry, M.D.

Review of Notice of Privacy Practices

Acknowledgement:

I acknowledge that I have reviewed this office Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Patient or Personal Representative

Date

If Personal Representatives signature appears above, please describe Personal Representatives relationship to the patient: _____

SPINE ASSOCIATES

Attn: Privacy Officer

5420 West Loop South, Suite 2500

Bellaire, TX 77401

The Privacy Officer can be contacted by telephone at (713) 383-7100