

# NOTICE OF PRIVACY PRACTICES

**Zona Spine and Pain** is committed to protecting the confidentiality of information about you, and is required to do so. This notice describes how we may use information about you within the Clinic and how we may disclose it to others outside the Clinic. This notice also describes the rights you have concerning your own health information. Please review it carefully and let us know if you have questions.

## **Protected Health Information:**

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

## **How We May Use Your**

### **Protected Health Information**

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

### **Treatment**

The Clinic may use information about you to provide you with medical services and supplies. We may also disclose information about you to others that need that information to treat you, such as doctors, physician assistants, nurses, technicians and other involved in your care. We may also use and share your health information for purposes of treatment, payment and health care operations.

### **Payment**

The Clinic may use and disclose information about you to get paid for anesthesia services and supplies we provide to you. For example, your health plan or health insurance company may request to see parts of your medical record before they will pay us for your treatment/procedure.

### **Health Care Operations**

The Clinic may use and disclose information about you if it is necessary to improve the quality of care we provide to patients or to run the health care operations. We may use the information about you to conduct quality improvement activities, to obtain audit, accounting or legal services. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

### **To Business Associates**

We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

### **Required by law**

We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

### **Pursuant to your Authorization**

When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use of disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

### **Public Health Risks**

We may disclose information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report child abuse or neglect; report reactions to medications or problems with products; notify people of recall of products they may be using; a person may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and 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 information to health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

### **Coroners, Medical Examiners and Funeral Directors**

We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release information to funeral directors as necessary for their duties.

### **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose information in response to a court or administrative order. We also may disclose information 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 about the request or to obtain an order protecting the information requested.

### **Law Enforcement**

We may release information if asked by a law enforcement official if the information is (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

### **Other uses and disclosures**

We will honor your requests to disclose medical information to others.

## YOUR RIGHTS

### **Right to Request Information**

You have the right to look at the information about you and to get a copy of that information. This includes your medical record, your billing record, and other records we use to make decisions about your care. To request information about you, submit a written authorization to our medical records department. There may be a fee to you for the copying of your records. The law requires us to keep the original record.

### **Right to Amend**

If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

### **Right to obtain a list of certain disclosures**

You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

### **Right to Request Restrictions**

You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

### **Right to be notified of a breach**

You have the right to be notified in the event of breach of your information.

### **Out-of-Pocket-payments**

If you paid out-of-pocket (or in other words, you have requested that we not bill your insurance) in full for a specific item or service, you have the right to ask that your information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

### **Right to Request Confidential Communications**

You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

### **Right to Receive a Paper Copy of this Notice**

If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

### **Our Legal Responsibilities**

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

### **Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

## **HIPAA STANDARDS: EDUCATIONAL INFORMATION**

### *HIPAA – Health Insurance Portability and Accountability Act*

Published by Dept of Health and Human Services in December 2000.

Privacy Rules consist of Privacy Regulations and Security Regulations

### **MEDICARE CONDITIONS:**

Final modifications to the HIPPA Privacy, Security, and Enforcement Rules mandated by the Health Information Technology for Economic and Clinical Health or HITECH Act.

- Business Associates are now directly liable
- Marketing and fundraising rules for protected health information

**Generic Information:** The inclusion of generic information as Protected health Information. It prohibits most health plans from using or disclosing generic information for underwriting purposes.

**Notice of Privacy Practice:** Required notice of Privacy Practices

### **Privacy Regulations apply to:**

Health Plans

Covered Entities (Health Care Providers)

Health Care Clearinghouses (process electronic transactions)

### **Purpose:**

Primary purpose law was developed was to protect individuals' medical records and other personal health information. By enacting HIPAA, congress mandated the establishment of Federal standards for the privacy of individual health information. Prior to HIPAA, personal health information could be distributed, without notice or authorization, for reasons that had nothing to do with the patient's medical condition.

The privacy regulation enables patients to find out how their information may be used and also about any disclosures that have been made.

It sets limits on the release of information to be "minimally necessary" for the purpose it is required.

It establishes appropriate safeguards that health care providers must achieve to protect the privacy of health information.

HIPAA laws hold violators accountable with civil and criminal penalties.

### **What is Protected Health Information (PHI)?**

- PHI is defined as information that is transmitted by electronic media, maintained by electronic medium or transmitted and maintained in any other form.
- It is information that is created by a Provider that identifies or can be reasonably used to identify an individual.
- It is any information oral or in any recorded medium that related to the patient's medical or mental health condition and the payment for health care.

### **What is required for Health Care Providers?**

We must notify patients via our Privacy Notice on how their information can be used.

It requires development and implementation of policies and procedures and forms.

All staff must be trained and provided with the new policies and procedures including the privacy policies.

The Clinic must designation of a Privacy Officer.

All patient records containing individually identifiable health information must be secured so that they are not readily available to those who do not need them. (Front office – medical records)

Medical records will be protected from loss, damage or unauthorized use and will be retained.

Record room or cabinet is secured at all times. Medical records in use on day of procedure are kept secure by the nursing staff and locked in an office if waiting for completion of records. Then they will be secured by the business office. Protocol for electronic records will be followed.

Examples of Red Flags:

- Medical records left unattended in the room and MA's station after hours,
- Patient information that can viewed on the computer by other patients
- Discussions of patients in open areas – front office, hallways, pre/post,
- Leaving patients telephone messages that contain health information

Events where information may be shared:

- In an emergency situation, we may disclose to family for the participation in health care (i.e. need medical history information that the patient is unable to provide). If the patient is present and competent, the individual must be given the opportunity to object. We, as health care providers, must use our best judgment.
- We may disclose patient information to a public or private entity in the event of a disaster.

- Public health risks: to prevent, control or report a disease or to notify a person of an exposure to a communicable disease.
- We may report victims of abuse, neglect or domestic violence
- We may provide information required by subpoena:
  - To coroners, funeral directors and organ donation
  - To prevent a serious threat to the health and safety of an individual or the public.
  - Government functions related to National Security.
  - Worker's Compensation
  - Disclosures to Business Associates (require a Business Associate agreement)

**What does the Privacy Notice Contain?**

Every privacy notice that you will see will contain language required by the Privacy Rules.  
 Describes the Uses and Disclosures allowed without authorization.  
 Defines patient rights related to Protected Health Information.  
 Our legal duties to protect patient information.

Informs the individual of their right to complain to the facility privacy officer or to the Dept. of Health and Human Services.

**Uses and Disclosures that are included in the Privacy Notice:**

- Treatment (providing, coordinating and managing health care and related services)
- Payment (activities required by health plans and providers to obtain or provide reimbursement)
- Operations (Administrative activities, legal services, auditing functions, Quality Assurance activities)

**Who is considered a business associated?**

Any person or entity that performs a function for or on behalf of the facility that involves the disclosure of PHI.

- Accounting Services
- Legal Services
- Collection Agency
- Labs
- Consultants
- Vendors that receive PHI (IOL)

Not everyone that the CLINIC discloses PHI to is considered a business associate. (I.e. submitting bills to insurance, providing info to another)

## **Business Associates:**

Business Associates and their subcontractors are directly liable for HIPPA Privacy and Security requirements.

We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

Not everyone that the CLINIC discloses PHI to is considered a business associate. (I.e. submitting bills to insurance, providing info to another surgeon as a result of a referral, calling in prescriptions, sharing information with consulting physicians)

ALL OTHER DISCLOSURES REQUIRE A SEPARATE AUTHORIZATION

## **HIPPA STANDARDS:**

### **What are the Patients' Rights under HIPAA?**

- Right to receive a notice of our privacy practices (receive a copy and it must be posted in a prominent location)
- Right to access PHI (must be in writing)
- Right to request amend PHI (must be in writing and we are not required to grant all requests).
- Right to request alternative means of communicating their PHI (may ask us to send to a business address or FAX- we require request in writing)
- Right to request restrictions on PHI (we require request in writing and are NOT required to grant all restrictions requests if they are included in the privacy notice)
- Right to an accounting of disclosures made by us or our Business Associates (that is, disclosures not made for treatment, payment or health care operations, if any)
- Right to Complain (to the Privacy Officer or to the Secretary of the Department of Health and Human Services)

You can complain if you feel we have violated your rights by contacting us at:

Zona Spine and Pain, LLC  
750 N Estrella Pkwy Suite#60  
Goodyear AZ 85338  
623-321-5079

200 Independence Avenue, S.W.

Washington, D.C. 20201

calling 1-877-696-6775

or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

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