



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.

Texas Back Institute has adopted the following privacy policies:

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedure will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated. If you have paid out-of-pocket and in full for services, you have the right to request the restriction of certain disclosures to a health plan.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of Texas Back Institute. For example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations and to comply with government mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Deceased Patient. Our practice may release Protected Health Information 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. Any Protected

Health Information related to an individual who has been deceased 50 years or more is no longer protected.

Research. Our practice may use and disclose your Protected Health Information for research purposes in certain limited circumstances. We will obtain your written authorization to use your Protected Health Information for research purposes except when an Internal Review Board or Privacy Board has approved the research project and its privacy protections.

Psychotherapy Notes. Most uses and disclosures of psychotherapy notes, uses and disclosures of Protected Health Information for marketing purposes and disclosures that constitute a sale of Protected Health Information require authorization, as well as a statement, that other uses and disclosures not described in the Notice of Privacy Practices will be made only with authorization from the individual.

Fundraising. Should you receive fundraising or marketing information, you have the right to "opt out" of receiving any further communications.

Prohibition Against Sale. Our practice is prohibited from the sale of Protected Health Information without the express written authorization of the individual.

Additional Uses of Information

Appointment reminders. Your health information will be used by our staff to send you appointment reminders by mail or to contact you by phone regarding appointment reminders.

Information about treatments. Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

Individual Rights

You have certain rights under the federal privacy standards. These include:

1. The right to request restrictions on the use and disclosure of your Protected Health Information;
2. The right to receive confidential communications concerning your medical condition and treatment;
3. The right to inspect and copy your Protected Health Information;
4. The right to amend or submit corrections to your Protected Health Information;
5. Should an unsecured breach of your Protected Health Information occur, all affected individuals have the right to be notified.
6. Our practice maintains its records in electronic format. Therefore, if you request copies of your records they can be released to you in electronic format if they are requested by you.
7. The right to receive an accounting of how and to whom your Protected Health Information has been disclosed; and
8. The right to receive a printed copy of this notice.

Texas Back Institute's Duties

We are required by law to maintain the privacy of your Protected Health Information and to provide you with this Notice of Privacy Practices. We also are required to abide by the privacy policies and practices that are outlined in this Notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all Protected Health Information that we maintain.

Requests to Inspect Protected Health Information

As permitted by federal regulation, we require that requests to inspect or copy Protected Health Information be submitted in writing. You may obtain a form to request access to your records by contacting: **Cheryl Zapata, Privacy Officer, Texas Back Institute, 6020 W. Parker Road, Suite 200, Plano, Texas 75093.**

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to: **Cheryl Zapata, Privacy Officer, Texas Back Institute, 6020 W. Parker Rd., Ste. 200, Plano, TX 75093**

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and address of the person you can contact for further information concerning our privacy practices is: **Cheryl Zapata, Texas Back Institute, 6020 W. Parker Rd., Ste. 200, Plano, TX 75093**

Effective Date

This Notice is effective on or after September 15, 2013.