

**Spine Midwest, Inc.**  
**Notice of Privacy Practices**  
Effective April 14, 2003\*Update July, 30,2007

*This notice defines how medical information about you may be used, disclosed and how you can gain access to this Protected Health Information. Please review carefully. Spine Midwest, Inc. is committed to respecting the individual privacy of our patients and staff. Spine Midwest, Inc. is required by state and federal laws to implement policies and procedures to safeguard the privacy of your health information. This serves as notice of our legal duties and our privacy practices that applies to your protected health information (PHI) which is created and/or maintained by our clinic unless given written authorization we will only disclose your medical information for treatment, payment or health care operations or when we are otherwise required or permitted by law to do so.*

*Spine Midwest, Inc. reserves the right to revise this notice and to make the revision applicable to health information we already have in our possession and that which we may receive. A copy of this notice will be on display within our facility with the date of the current revision.*

**Treatment:**

*We may disclose medical information about you to your primary care doctor or other health care providers involved in your care. For example, we may notify your personal doctor regarding your post operative care. We might also use PHI about you to help you improve your health, including by not limited to other physicians, nurses, technicians (such as MRI or CT techs), rehabilitation specialists, therapists, home health nurses or aides, durable medical equipment providers. We may use or disclose your protected health information (PHI) to maintain control of your pain through prescriptions phoned to pharmacies or referrals to Center for Pain Management.*

**Payment:**

*We may use and disclose your protected health information (PHI) so that the medical services you receive can be properly billed in an effort to receive payment from you, an insurance company, or other third party carriers. We may also disclose PHI in an effort to gain prior authorization for services to be rendered to you.*

**Health Care Operations:**

*We may use and disclose PHI in order to perform the necessary administrative, educational, quality assurance, and business functions of our clinic.*

**Authorizations:**

*If you give us written or verbal authorization to do so, we may use and disclose your information to individuals, such as family members who are involved in or help pay for your care. For example, if your niece accompanies you into the exam room we will assume that you agree to our disclosure of PHI while your family member is present in the room.*

*If you give us written authorization you have the right revoke that authorization at any time.*

**Your rights regarding your Protected Health Information**

**Copies & Changes of this notice:**

*You have a right to receive a copy of this notice at anytime. We reserve the right to revise this notice. Any revision to this notice will be displayed within our clinic and a copy available for you at anytime.*

**Your Right to inspect, copy and amend:**

*Upon written request, you have the right to inspect the PHI we maintain within our facility about you and to have copies of that information. You have the right to request an amendment of your health information. We withhold the right to deny your request for amendment if the information sought to be amended: a. was not created by us, b. is not part of the information that is kept by or for our clinic, c. is not part of the information which you are permitted to inspect and copy; or d. is accurate and complete.*

**List of Disclosures:**

*Upon your written request you have a right to receive an accounting of the disclosures of your medical information, except when you have authorized these disclosures or if the disclosures made for treatment, payment or healthcare operations. We are not required to furnish a list of disclosures made prior to April 14, 2003.*

**Right to Request restrictions on our use or disclosure:**

*Upon your written request you have the right to restrict the disclosure on the medical information we may use or disclose about you. We maintain the right to deny such restrictions.*

**Your Right to request confidential communications:**

*You have the right to request that we communicate with you regarding medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work with appointment reminders.*

**PLEASE SEE OTHER SIDE**

**How to use your rights under this notice:**

*If you have questions regarding your rights under this notice, you may call or write to us at:*

*Spine Midwest, Inc.  
Practice Manager  
200 St Mary's Medical Plaza, Suite 301  
Jefferson City, MO 65101  
573.636.9000*

*I, \_\_\_\_\_, authorize the following individual/s to receive disclosures of my Protected Health Information (PHI). I understand that upon signing of this authorization I relinquish the right of an accounting be kept of the PHI disclosed to the listed individual/individuals.*

| <b>Example:</b>               | <b>Jane Doe</b> | <b>wife</b>          |
|-------------------------------|-----------------|----------------------|
| <b>Authorized recipients:</b> |                 | <b>Relationship:</b> |
| _____                         |                 | _____                |
| _____                         |                 | _____                |
| _____                         |                 | _____                |
| _____                         |                 | _____                |

*By signing below, I hereby acknowledge receipt of and understand Spine Midwest, Inc.'s Notice of Privacy Practices dated April 14, 2003\* Updated July 30, 2007.*

**Patient's/Authorized Signature:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

**Date of Acknowledgement:** \_\_\_\_\_

**Witnessed by:** \_\_\_\_\_