

**Southeastern Spine Institute**  
**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.**

If you have any questions about this Notice, please contact The Southeastern Spine Institute's Privacy Officer using the contact information at the end of this Notice.

**Who Will Follow This Notice:** This Notice describes the privacy practices of The Southeastern Spine Institute (referred to as the "Practice") with respect to your medical information. This Notice covers the Practice and all of its workforce members, including physicians, nurses, and other staff.

**Our Legal Duties Regarding Medical Information:** We are committed to protecting the privacy of your medical information. This Notice applies to all of your medical information that is created or received by the Practice.

This Notice will tell you about the ways in which the Practice may use and disclose your medical information. This Notice also describes certain obligations we have regarding the use and disclosure of your medical information and describes your rights with respect to your medical information. The law requires the Practice to:

- Ensure that your medical information is kept private;
- Inform you through this Notice of our legal duties and privacy practices with respect to your medical information;
- Follow the terms of the Notice that is currently in effect; and
- Notify you in the event of a breach of your medical information.

**Effective Date:** This Notice is effective September 16, 2013.

***HOW THE PRACTICE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION WITHOUT YOUR AUTHORIZATION***

The following information describes the different ways the Practice can use and disclose medical information about you with your authorization.

**Treatment.** Your medical information may be used to provide you with medical treatment and services. This medical information may be used by and disclosed to physicians, nurses, technicians, and others who are involved in your medical care. For example: Physicians, nurses, and other members of your treatment team may share your medical information with other health care providers, both inside and outside the Practice, to determine the most appropriate medical treatment for you.

**Payment.** Your medical information may be used and disclosed so that the Practice can bill and receive payment from you, your insurance company, and/or another third party for the treatment and services you received. For example: We may disclose information about the care you received from the Practice to your insurance company so it can provide payment for the care. Your health plan or

insurance company may also need information about a treatment you are going to receive to determine whether it will cover the treatment.

**Health Care Operations.** Your medical information may be used and disclosed for purposes of furthering the day-to-day operations of the Practice. These uses and disclosures are necessary to run the Practice and to monitor the quality of care our patients receive. For example: Your medical information may be used and disclosed to evaluate the treatment and services performed by our staff in caring for you or for educational purposes.

**Appointment Reminders.** Your medical information may be used and disclosed to remind you of an appointment for treatment or medical care at the Practice.

**Treatment Alternatives and Benefits and Services.** Your medical information may be used and disclosed to tell you about or recommend possible treatment options or alternatives or health-related benefits or services that may be of interest to you.

**Business Associates.** There are some services provided in the Practice through contracts with third parties who are business associates of the Practice. We may share your medical information with our business associates so that they can perform the job we have asked them to do. We require our business associates to sign a specialized contract that states they will appropriately protect your medical information. Examples of business associates include transcription and information storage services, management consultants, quality assurance reviewers, and auditors.

**Individuals Involved in Your Care.** After we give you the opportunity to agree or to object to the disclosure of your medical information, we may disclose your medical information to a family member, guardian or other individual involved in your care. In an emergency situation, if you are unable to agree or object, we may disclose your medical information to these people if we believe the disclosure is in your best interest. In addition, your medical information may be disclosed to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location.

**As Required by Law.** Your medical information will be disclosed when we are required to disclose it under federal, state, or local law.

**Public Health Risk.** Your medical information may be used and disclosed for public health activities. These activities generally include, but are not limited to, the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- To provide immunization information about students to schools once we have obtained your oral or written agreement to the disclosure.

**Abuse, Neglect, or Domestic Violence.** We may disclose your medical information to a government authority when the disclosure relates to victims of domestic violence, abuse, or neglect, or the neglect or abuse of a child or an adult who is physically or mentally incapacitated.

**Health Oversight Activities.** Your medical information may be disclosed to a 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.

**Lawsuits and Disputes.** We may disclose your medical information in response to a court order, subpoena, or discovery request issued in the course of a judicial or administrative proceeding. When a subpoena is not accompanied by the order of a court, we will take extra steps to ensure that your medical information is appropriately protected.

**Law Enforcement.** Your medical information may be disclosed if requested by a law enforcement official for certain purposes, including, but not limited to:

- Responding to a court order, subpoena, warrant, summons, or similar process;
- Identifying or locating a suspect, fugitive, material witness, or missing person;
- Gathering information about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- Investigating a death we believe may be the result of criminal conduct; and
- In emergency circumstances, reporting a crime, the location of the crime, the victims, or their identities;

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

**Organ and Tissue Donation.** Your medical information may be used by the Practice and released to organizations that handle organ procurement or organ, eye and tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Research.** Under certain circumstances, your medical information may be used and disclosed for research purposes. For example, if an Institutional Review Board or a privacy board has approved specific research, we may disclose your medical information for purposes of the research project. We may also use your medical information to de-identify it (that is, remove all identifiers about you) and then share that de-identified information for research purposes.

**To Avert a Serious Threat to Health or Safety.** Your medical information may be used and disclosed when necessary to prevent a serious and imminent threat to your health or the health of another person or the public. Any disclosure, however, would be limited to someone able to help prevent the threat.

**Specialized Government Functions.** Your medical information may be disclosed for specific government functions. For example, we may disclose your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also disclose your medical information as required by military command authorities. If you are a member of the foreign military personnel, your medical information may be released to the appropriate foreign military authority. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

**Workers' Compensation.** If you seek treatment for a work-related illness or injury, we may disclose your medical information in accordance with state-specific laws regarding workers' compensation claims.

***FOR OTHER USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION, WE WILL OBTAIN YOUR AUTHORIZATION***

In any situations other than those described above, we will ask for your written authorization before using or disclosing your medical information. If you choose to sign an authorization to allow us to use and disclose your medical information, you can later revoke that authorization by contacting the Privacy Officer in writing. However, you cannot revoke your authorization for uses and disclosures that we have already made in reliance upon such authorization.

We must obtain your authorization for the following uses and disclosures:

**Psychotherapy Notes.** We must obtain your authorization for any use or disclosure of psychotherapy notes, except to carry out certain treatment, payment, or health care operations functions or as otherwise required or permitted by HIPAA.

**Marketing.** We must obtain your authorization for any use or disclosure of your medical information for marketing purposes, except if the marketing communication is in the form of a face-to-face communication or a promotional gift of nominal value. If the marketing involves financial remuneration to us, the authorization you sign to permit such marketing must state that remuneration is involved.

**Sale of Medical Information.** We must obtain your authorization prior to selling any of your medical information. If we obtain your authorization for this purpose, the authorization must state that the disclosure will result in remuneration to us.

#### ***WHEN OTHER LAWS APPLY***

In the event that South Carolina law or another applicable law requires us to give more protection to your medical information than stated in this Notice, we will provide that additional protection. For example, we will comply with South Carolina law relating to communicable diseases, such as HIV and AIDS. We will also comply with South Carolina law and federal law relating to treatment for mental health and substance abuse issues.

#### ***YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION***

You have the following rights regarding medical information that the Practice maintains about you. ***If you wish to exercise any of your rights regarding your medical information, please contact the Privacy Officer in writing at the address provided below.***

**Request Restrictions.** You may request restrictions on uses and disclosures of your medical information to carry out treatment, payment, or healthcare operations described above or to persons involved in your care or for notification purposes. We are not required to agree to most requested restrictions, but if we do agree, we must abide by those restrictions. If you request that your medical information not be disclosed to a health plan, we must agree to that restriction if: (1) the disclosure is for the purpose of payment or health care operations and is not otherwise required by law; and (2) the medical information pertains solely to a health care item or service for which you or someone on your behalf (other than the health plan) has paid us in full.

**Confidential Communications.** You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcards to remind you of appointments.

**Inspect and Obtain Copies.** In most cases, you have the right to inspect and obtain a copy of your medical information. We may charge a reasonable, cost-based fee for copies of your medical information. If you request that your medical information be provided on portable electronic media, we may charge you for the cost of the media.

**Amend Information.** If you believe that medical information in your record is incorrect, or if important medical information is missing, you have the right to request that we correct the existing information or add the missing information. If we deny your request for an amendment, correction, or update, we will provide an explanation of our denial and allow you to submit a written statement disagreeing with the denial.

**Accounting of Disclosures.** You may request a list of certain disclosures we have made of your medical information. The list may not include certain disclosures; for example, the list may not include disclosures for treatment, payment, or health care operations, disclosures pursuant to an authorization, or disclosures to persons involved in your care. If you request more than one list during a 12 month period, we may charge a reasonable, cost-based fee for subsequent requests.

**Copy of Notice.** You may request and obtain a paper copy of this Notice at any time even if you have previously agreed to receive the Notice electronically.

### ***OUR LEGAL DUTIES AND YOUR RIGHT TO FILE A COMPLAINT***

**Changes To This Notice and our Privacy Practices.** We reserve the right to change this Notice and make the revised or changed Notice effective for medical information that we already have about you, as well as any information we receive in the future. The Practice will post a current copy of the Notice with the effective date on its website at [www.southeasternspine.com](http://www.southeasternspine.com) and at our physical locations. In addition, you may obtain a copy of this Notice at any time by visiting any of our locations or contacting the Privacy Officer at the address below.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the Practice by writing to the Privacy Officer at the address below:

Privacy Officer  
Southeastern Spine Institute, LLC  
1106 Chuck Dawley Blvd., Suite 200  
Mount Pleasant, SC 29464  
Phone: 843-849-1551

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at the following address:

Region IV, Office for Civil Rights  
Roosevelt Freeman, Regional Manager  
Sam Nunn Atlanta Federal Center, Suite 16T70  
61 Forsyth Street, S.W.  
Atlanta, GA 30303-8909  
Voice Phone (800) 368-1019 / FAX (404) 562-7881

**There will be no retaliation, and you will not be penalized in any way, for filing a complaint with the Practice or the Secretary of the U.S. Department of Health and Human Services.**