

EUGENE SPINAL CARE

2201 Willamette Street, Suite C ♦ Eugene, OR 97405 ♦ 541-683-5678

NOTICE OF USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

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.

Uses and Disclosure

Eugene Spinal Care may collect protected health information from you for the purposes of coordinating treatment, payment or other health care services plan operations. Health care services plan operations includes quality management utilization review, claims payment and provider credentialing activities. Eugene Spinal Care may also collect your protected health information as required by industry or government regulators, such as the U. S. Department of Health and Human Services, and clinical or professional licensing and accreditation entities. Eugene Spinal Care may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. As required, Eugene Spinal Care may also disclose protected health information to the sponsor of your health plan (e.g. your employer)

Authorization

Any uses or disclosures other than those described in the “Uses and Disclosure” section above will be made only with your authorization. In the event you authorize Eugene Spinal Care to use or disclose your protected health information in ways other than those described above, you have the right to revoke that authorization at any time. To revoke such an authorization you must send a written notice of revocation to Eugene Spinal Care at the address listed above.

Statement of Individual Rights

Right to Request Restrictions On Uses and Disclosure of Protected Health Information: You have the right to request restrictions on the use and disclosure of your protected health information. To request a restriction you must submit a written request explaining, in detail, the requested restriction. Upon receipt of such a request, Eugene Spinal Care will discuss the requested restriction with you. Please note that while you may request a restriction, Eugene Spinal Care has a right to refuse that request. Additionally, as allowed by law, Eugene Spinal Care reserves the right to override any such restriction in emergency health care situations. You may terminate an agreed upon restriction at any time by giving Eugene Spinal Care a verbal or written request to terminate the restriction. If Eugene Spinal Care unilaterally terminates an agreed upon restriction, Eugene Spinal Care will inform you of the termination and can share only the information generated after the termination of that restriction.

Right to Receive Confidential Communication:

You have the right to receive confidential communication, including the right to direct where communications containing health information are sent to you. To verify or specify where you would like such communications sent to you please communicate your preferences to Eugene Spinal Care.

Right to Inspect and Copy Protected Health Information:

You have the right to inspect and copy your protected health information that is maintained by Eugene Spinal Care. To request to inspect or copy your protected health information, please communicate your request to Eugene Spinal Care.

Right to Amend Protected Health Information:

You have the right to amend your protected health information that is maintained by Eugene Spinal Care. To amend your protected health information, please communicate your request to Eugene Spinal Care.

Right to Receive An Accounting of Disclosures of Protected Health Information:

You have a right to receive an accounting of any disclosures of your protected health information that were made for purposes other than coordinating treatment, payment or other health care services plan operations. To request an accounting of any such disclosures, please communicate your request to the doctor or office staff.

Entity Requirements Under Law

Eugene Spinal Care has a legal requirement to maintain the privacy of your protected health information. Eugene Spinal Care has a legal requirement to provide you with this notice of his/their duties and privacy practices and to abide by the terms of this notice.

Reservation of Right to Revise Privacy Practice

Eugene Spinal Care reserves the right to change and revise its privacy practices relating to protected health information. If Eugene Spinal Care changes or revises its privacy practices it will provide you with a revised notice.

Complaint Procedure

If you believe that your protected health information has been improperly used or disclosed, you may file a complaint with Eugene Spinal Care. To file such a complaint you should contact the office manager at the telephone number listed above. You also have the right to file a complaint with the Secretary of the U. S. Department of Health and Human Services (DHHS). There are no penalties or other retaliations for filing any complaints regarding the improper use or disclosure of protected health information.

Effective Date & List of Entities to Whom This Notice Applies

This notice goes into effect on April 1, 2003. This notice applies to Eugene Spinal Care. Eugene Spinal Care will share your protected health information only for the purpose of treatment, payment and health care operations.

Additional Information

You may obtain additional information about any of the matters contained in this Notice of Privacy Practice by contacting the office manager at the telephone number listed above.

Patient Name

Patient Signature

Date