

Uses and Disclosure of Health Information—Privacy Policy

(Effective April 14, 2003)

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review this notice carefully.

Uses and Disclosure of Health Information

Treatment, Payment, and Health Care Operations

Front Range Center for Brain & Spine Surgery, P.C., uses and discloses your protected health information (PHI) for treatment, payment, and health care operations. Some examples as to when our office may use or disclose your health care information for these purposes include:

- Sharing test results with other health care providers for confirmation of a diagnosis
- Providing your diagnosis or other information about your health to your insurance provider or our billing service to obtain payment for the health care services we provide
- Reviewing information as part of our quality improvement program.

Other Uses and Disclosures

Front Range Center for Brain & Spine Surgery, P.C., may also use or disclose your PHI, in compliance with guidelines outlined by law, for the following purposes:

- Providing you with information related to your health
- Contacting you regarding appointments or other health-related services
- Incidental uses or disclosures
- Compliance with all laws (including reports of suspected abuse, neglect, or violence)
- Providing certain specified information to law enforcement or correctional institutions
- Providing information to a coroner, medical examiner, funeral director, or organ procurement organization
- Public health activities when requested by a public health authority of the FDA
- Responding to court or administrative orders, subpoenas, discovery requests, or other lawful-process research when necessary to avert a serious threat to health or safety
- Military affairs, veterans' affairs, national security, or intelligence
- Providing information regarding your location and general condition to public or private disaster-relief agencies
- Informing a family member, other relative, or close personal friend when:
 - Information is relevant to the individual's involvement with your care
 - Notification of your location, general condition, or death
 - To assist in your health care (e.g., pick-up prescriptions or documents, etc.)

Authorization for Other Uses

Front Range Center for Brain & Spine Surgery, P.C., will make other uses and disclosure of your protected health information only after obtaining your written authorization. If you authorize a use not contained in this notice, you may revoke your authorization at any time by notifying us in writing.

Your Rights Regarding the Privacy of Your Health Information

Subject to limitations outlined by law, you have certain rights related to use and disclosure of your PHI, including the right to:

- Request restrictions on certain uses and disclosures. However, **Front Range Center for Brain & Spine Surgery, P.C.**, is not obligated to agree to requested restrictions
- Receive confidential communications of PHI
- Inspect and copy your PHI with some limited exceptions
- Amend your health information
- Receive an accounting of disclosures of your PHI and obtain a copy of this notice

Our Duties Regarding the Privacy of Your Health Information

Subject to limitations outlined by law, **Front Range Center for Brain & Spine Surgery, P.C.**, has certain duties related to your protected health information, including:

- We are required by law to maintain the privacy of PHI, and to provide individuals with notice of our legal duties and privacy practices with respect to PHI
- We are required to abide by the terms of the privacy notice that is currently in effect
- We reserve the right to change a privacy practice described in this notice, and to make such change effective for all PHI. A revised notice will be posted in our office and available upon request.

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If you believe your privacy rights have been violated, you may make a complaint by contacting our Privacy Officer at:

Front Range Center for Brain & Spine Surgery, P.C., 1313 Riverside Ave., Fort Collins, CO 80524 (970) 493-1292, or the Secretary for the Department of Health and Human Services. No individual will be retaliated against for filing a complaint.

I acknowledge that I have received a copy of this notice regarding the use and disclosure of my health information.

Signature

Date

Authorization to Leave Information

I authorize Front Range Center for Brain & Spine Surgery, P.C., to leave messages containing medical information for a period of 12 months from the date signed on this form, as follows. Please check all authorized source(s) below:

- home voice mail/answering machine
- business voice mail/answering machine
- cell phone voice mail
- email at: _____
- with an individual I designate as follows: _____

I understand that these messages may include, but would not necessarily be limited to, the following: radiologic test results, lab results, pre- and post-operative care instructions, and suggested courses of treatment.

I further authorize Front Range Center for Brain & Spine Surgery, P.C., to leave messages regarding issues of healthcare business, such as insurance authorizations and account management, on my voice mail, answering machine, or by email.

This authorization has been made voluntarily, and I understand that I may change the choices/information above by notifying Front Range Center for Brain & Spine Surgery, P.C., in writing.

Date

Patient's name (printed)

Signature of patient

Person authorized to sign for the patient

Relationship