**Notice of Privacy Practices**

**Summary**

During treatment at Vitality Spine and Sport, you provide us with protected health information. We may obtain this information during conversations with you, questionnaires, examinations, tests, and from others who have provided care for you. This notice of privacy practices informs you how we may use and disclose your health information, as well as your legal rights with respect to such information.

**Legal Duties of Vitality Spine and Sport**

We are required by law to do the following:

- maintain the privacy of protected health information, as provided by HIPAA

- provide this notice to you of our practices and legal duties regarding your protected health information

- notify you following any breach of unsecured protected health information which affects you, and

- abide by the terms of this notice until we adopt a new notice

**How Protected Health Information is Used or Disclosed**

We will only use or disclose your protected health information (PHI) for the following purposes allowed by HIPAA; any other uses or disclosures will require your written consent.

1. **Treatment-** We will use your PHI to provide our medical care/services. Our employees may read or use your protected health information to make informed decisions about your treatment. We may also disclose your PHI to another doctor who is treating you.

2. **Payment-** We will use your PHI and disclose it to others as necessary to collect payment for treatments that we provide. We may use it to prepare a bill, and we may send that bill to your insurance company, or any company we utilize for payment related services. We will not however, disclose more information than necessary for payment.

3. **Healthcare Operations-** We may use PHI for any activities necessary to operate our business. This may entail disclosing information to our staff members for the purpose of performance of our staff or to plan services we may need to expand on. We may also disclose PHI to those who we contract to provide services such as attorneys, auditors, accreditation services, and consultants.

4. **Legal Requirement and Restrictions on Government Access to Health Information-**

We will disclose PHI when required by law to do so. This may include reporting to government agencies which monitor the healthcare system (i.e. Medicare), and to ensure compliance with offices of the Department of Health and Human Services and Office for Civil Rights. We will also disclose PHI when required to do so by court order/subpnea.

5. **Public Health-** We will disclose PHI as necessary to report certain diseases, births, deaths, and reactions to certain treatments.

6. **Reporting of Abuse-** We may disclose PHI when the information relates to a victim of abuse, neglect, or domestic violence. We will make this report only in accordance with laws that require or allow such reporting, or with your permission as follows-

- **Mandatory reporting:**  If one of our staff members (doctor/physician) has a reasonable belief that a minor child is or has been abused/neglected, it is our duty as physicians within mandatory reporting, to immediately report such suspected abuse/neglect to the state of Missouri; and

- **Reporting of abuse with permission:** If the physician has a reasonable cause to believe that an adult patient may be the victim of abuse, the physician will offer immediate information regarding services available to him/her.

7. **Law Enforcement-** We may disclose PHI to law enforcement, when necessary, if information is needed to help find a suspect and/or fugitive, witness, missing person, or anyone in connection to a crime. We must also disclose PHI if requesting by a federal agency investigating our compliance with federal privacy regulations.

8. **Specialized Purposes-** We may disclose PHI for the following extraneous purposes, but limited to only information necessary for the purpose. The following possible purposes may be used:

* Armed forces as authorized by military command;
* Coroners, medical examiners, funeral directors, and organ procurement organizations (for donation)
* National security, intelligence, and protection of the president;
* Correctional institutions or to law enforcement officials to provide an inmate with health care, to protect health and safety of the inmate and others, or for the safety, administration, and maintenance of the correctional institution;
* To an employer for purposes of worker’s compensation and work site safety laws.

9.  **Averting a Serious Threat-** We may disclose PHI if decided that the disclosure is necessary to prevent serious harm to any individual or to the public.

10. **Family and Friends-** We may disclose PHI to those involved with your care when you approve, or when you are not present/ not able to approve, when such disclosure is deemed appropriate in our professional judgement. If you are not present, we may determine whether the disclosure of PHI is authorized by law, such as for a legal guardian or representative. However, we do not disclose PHI to a suspected abuser, if in our professional judgement, we have reasonable belief that disclosing your information could lead to serious harm.

11. **Information to Patients-** We may use PHI to provide you with additional information. This could include sending appointment reminders, or information regarding treatment options or other services related to health that we may provide.

**Your Legal Rights As a Patient**

1. **Authorization-** We will not use or disclose PHI for any purpose that is not listed in this notice without your written authorization. If you request and authorize us in writing to use or disclose your PHI for any purpose not listed on this notice, you have the right to revoke authorization at any time in writing.

2. **Restrictions-** You have the right to request us to restrict certain uses or disclosures of your PHI. After consideration we may comply with your request, but we may always use your PHI to provide emergency treatment to you. Pursuant to 45 CFR 164.522(a), we have the right not to honor your request, except if you request us not to provide PHI to your health insurer when you have paid for our services in full.

**3. Confidential Communication-** You have the right to request us to communicate with you by alternate means or at an alternate location, such as sending your mail to an address other than your home, or speaking with you on the telephone instead of sending mail.

**4. Copy of Health Information-** You have the right to inspect your protected health information and to receive a copy of it. This right is limited to certain information, as provided in 45 CFR 164.524. If you want to review or receive a copy of your records, you must make a written request to our staff. We may charge a fee for the cost of copying and mailing records. We will respond to your request within 15 business days.

**5. Amendment of Health Information-** You have the right to request us to amend PHI if you believe it is not correct or complete. This right is limited to certain information, as provided in 45 CFR 164.526. Any such request must be in writing and specify the reason the information is not correct or complete. We will respond to the request in writing within 60 days. We may deny the request if we did not create the information, if it is not part of the records we use to make decisions about you, if the information would not be permitted for you to inspect or copy, or if it is complete and accurate.

**6. Accounting of Disclosure-** You have the right to receive an accounting of certain disclosures of your PHI information to others. The list will include dates of the disclosures, the names of people or organizations to whom the information was disclosed, a description of the information, and the reason. Any such request must be in writing and must specify the time period the list will cover, but such time period may not be more than six (6) years prior to your request. Disclosures for the following reasons will not be included on the list: Disclosures for treatment, payment, or health care operations; disclosures for national security purposes; disclosures for correctional or law enforcement personnel; disclosures that patients have authorized; and disclosures made directly to the patient.

**7. Paper Copy of this Privacy Notice-** You have the right to receive a paper copy of this notice. This notice is also available on our website at **vitalityspineandsport.com.**

**8. Complaints-** You have the right to complain about our privacy practices if you believe your privacy has been violated. You may file a complaint with the Secretary of the U.S. Department of Health and Human Services. Any such complaint must be in writing. We will not retaliate against anyone filing a complaint.

**Our right to change this notice**

We reserve the right to change the terms of privacy practices at any time. We reserve the right to apply these changes to any PHI which we already have, as well as to PHI we receive in the future. Before we make changes to this notice, we will adopt a new notice and include the changes made, and the effective date.