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#### HIPPA NOTICE OF PRIVACY PRACTICES

Effective: May 15, 2009

#### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

The following notice is the privacy policy of the physicians at Knee & Spine Institute as described in the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, commonly known as HIPAA. We are required by law to maintain the privacy of your personal health information and to provide you with this notice of our legal duties, privacy practices, your rights with respect to your personal health information and to abide by the terms of this Privacy Notice.

#### **Your Personal Health Information**

We collect personal health information from you through treatment, payment and related healthcare operations, the application and enrollment process, and/or healthcare providers or health plans, or through other means, as applicable. Your personal health information that is protected by law broadly includes any information, oral, written or recorded, that is created or received by certain health care entities, including health care providers, such as physicians and hospitals, as well as, health insurance companies or plans. The law specifically protects health information that contains data, such as your name, address, social security number, and others, that could be used to identify you as the individual patient who is associated with that health information.

#### **Uses and Disclosures of Your Personal Health Information**

The following are the circumstances under which we are permitted by law to use and disclose your personal health information:

- **Treatment:** *Examples of treatment activities include:* (a) the provision, coordination, or management of health care and related services by health care providers; (b) consultation between health care providers relating to a patient; or (c) the referral of a patient for health care from one health care provider to another.
- **Payment:** *Examples of payment activities include:* (a) billing and collection activities and related data processing; (b) actions by a health plan or insurer to obtain premiums or to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims; (c) medical necessity and appropriateness of care reviews, utilization review activities; and (d) disclosure to consumer reporting agencies of information relating to collection of premiums or reimbursement.
- **Healthcare Operations:** *Examples of healthcare operations include:* (a) development of clinical guidelines; (b) contacting patients with information about treatment alternatives or communications in connection with case management or care coordination; (c) reviewing the qualifications of and training health care professionals; (d) underwriting and premium rating; (e) medical review, legal services, and auditing functions; and (f) general administrative activities such as customer service and data analysis. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and give your address, phone number, insurance company name, and part of body being treated. We may also call you by name in the waiting room when your physician is ready to see you.
- **Persons Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. If you are in the hospital, we may also tell your family or friends your condition and that you are in a hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Your Authorization:** Except as otherwise permitted or required as described above, we may not use or disclose your personal health information without your written authorization. Further, we are required to use or disclose your personal health information consistent with the terms of your authorization. You may revoke your authorization to use or disclose any personal health information at any time, except to the extent that we have taken action in reliance on such authorization, or, if you provided the authorization as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy.
- **As Required by Law:** We may use or disclose your health information when we are required to do so by law.

## **Your Rights With Respect to Your Personal Health Information**

Under HIPAA, you have certain rights with respect to your personal health information. The following is a brief overview of your rights and our duties with respect to enforcing those rights.

- **Right to Request Restrictions on Use or Disclosure:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by your agreement (except in an emergency or as required by law).
- **Right to Receive Confidential Communications:** You have the right to receive confidential communications of your personal health information. You must make your request in writing. We must permit you to request and must accommodate reasonable requests by you to receive communications of personal health information from us by alternative means or at alternative locations if you clearly state that the disclosure of all or part of that information could endanger you.
- **Right to Inspect and Copy Your Personal Health Information:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. We may charge a reasonable cost-based fee for copying, postage, if you request a mailing, and the costs of preparing an explanation or summary as agreed upon in advance.
- **Right to Amend Your Personal Health Information:** You have the right to request that we amend your personal health information. Your request must be in writing and it must explain why the information should be amended. We have the right to deny your request for amendment under certain circumstances.
- **Right to Receive an Accounting of Disclosures of Your Personal Health Information:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
- **Right to a Paper Copy of This Notice:** You have a right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please request one from our Privacy Officer.

### **Complaints**

You may file a complaint with us and with the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. You may submit your complaint in writing to our Privacy Officer at the address listed above. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Policy. A complaint must be received by us or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing any complaint.

### **Amendments to this Privacy Policy**

We reserve the right to revise or amend this Privacy Policy at any time. These revisions or amendments may be made effective for all personal health information we maintain even if created or received prior to the effective date of the revision or amendment. We will always have available the current notice at or near the front desk. The notice will contain, on the first page, the effective date.

### **On-going Access to Privacy Policy**

We will provide you with a copy of the most recent version of this Privacy Policy at any time upon your written request sent to K&SI. For any other requests or for further information regarding the privacy of your personal health information, and for information regarding the filing of a complaint with us, please contact our Privacy Officer, at the address and telephone number listed above.

I acknowledge that I have received, read and understand the physicians at Knee & Spine Institute's Notice of Privacy Practices.

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Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

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Printed Name of Patient or Legal Representative

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date