



**Spine Arts Center**  
**Notice of Privacy Practices**  
**(PATIENT COPY)**

This notice describes how personal health information (PHI) may be used and disclosed and how you can get access to this information. Please review this document carefully. The privacy of your health information is important to us.

**Your Rights:**

- You can ask to see or get a copy of your health information and claims records and other health information we have about you. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- You can ask us to contact you in a specific way or to send mail to a different address. We will consider all reasonable communication requests, and must say “yes” if you tell us you would be in danger if we do not.
- You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- You can ask for a list of the times we’ve shared your health information for six years prior to the date you ask. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures. We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- You can complain if you feel we have violated your rights by contacting us using the information at the bottom of the page. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov](http://www.hhs.gov). We will not retaliate against you for filling a complaint.

**Your Choices:**

- For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us.
- In these cases, you have both the right and choice to tell us to: share your information with your family, close friends, or others involved in payment for your care, and share your information in a disaster relief situation. If you are unable to communicate your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.



- In these cases, we never share your information unless you give us written permission: marketing purposes and sale of your information.

#### Our Uses and Disclosures:

- We can use your health information and share it with professionals who are treating you.
- We can use and disclose your information to run our organization and contact you when necessary.
- We can use and disclose your health information as we pay for your health services.
- We may disclose your health information to your health plan sponsor for plan administration.
- We can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.
- We can use or share your information for health research.
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- We can share health information in response to organ and tissue donation requests and work with medical examiners or funeral directors.
- We can use or share health information about you: for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

#### Our Responsibilities:

- We are required by law to maintain the privacy and security of your PHI. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you can change your mind at any time. Let us know in writing if you change your mind.
- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail you a copy.

Effective Jan 1, 2017

Privacy Office:

Dr. Garry T. Krakos

Dr. K Christine Lim

703-644-2222

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