



**Spring Spine Center  
6225 FM 2920, Suite 200  
Spring, Texas 77379**

## **NOTICE OF PRIVACY PRACTICES**

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

**THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

### **OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your healthcare information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your healthcare information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 04/14/03, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice, at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all healthcare information that we maintain, including healthcare information we create or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this new Notice, please contact us using the information listed at the end of this Notice.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

We use and disclose healthcare information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use and disclose your healthcare information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use and disclose your healthcare information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your healthcare information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

**Your Authorization:** In addition to our use of your healthcare information for treatment, payment, or healthcare operations, you may give us written authorization to use your healthcare information or disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your healthcare information for any reason, except those described in this notice.

**To Your Family and Friends:** We must disclose your healthcare information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved In Care:** We may use or disclose your healthcare information to notify or assist in the notification of (including identifying or location) of a family member, your personal representative, or another person responsible for your care, or your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only the healthcare information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other forms of healthcare information.

**Treatment Alternative:** We may use or disclose your healthcare information to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

**Required by Law:** We may use or disclose your healthcare information when we are required to do so by law.

**Abuse or Neglect:** We may disclose your healthcare information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose your healthcare information to military authorities or the health information of armed forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other nation security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected healthcare information of an inmate or patient under certain circumstances.

**Appointment Reminders:** We may disclose your healthcare information to provide you with appointment reminders (such as voicemail messages, e-mail, postcards, or letters).

## **PATIENT RIGHTS**

**Access:** You have the right to look at or get copies of your healthcare information, with limited exceptions. You may request that we provide copies in a format other than 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 healthcare information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost based fee for expenses, such as copiers and staff time. You may also request access by sending us a letter to the address at the end of the Notice.

**Disclosure Accounting:** You have the right to receive a list of instances in which we, or our business associates, disclosed your healthcare information for purposes other than treatment, payment, healthcare operations, and certain activities, for the last six (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.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your healthcare information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your healthcare information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your healthcare information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

**QUESTIONS AND/OR COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, if you disagree with a decision we made about access to your healthcare information, in response to a request you made to amend or restrict the use or disclosure of your healthcare information, or to have us communicate with you by alternative means or at an alternative location, you may complain to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your healthcare information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**Contact Officer: Linda Saucedo**  
**Telephone: 281-376-1288 Fax: 281-378-4706**  
**Address: 6225 FM 2920 Road, Suite 200, Spring, Texas 77379**

**ACKNOWLEDGMENT OF RECEIPT**

**I hereby acknowledge receipt of the NOTICE OF PRIVACY PRACTICES OF SPRING SPINE CENTER**

**PATIENT:** \_\_\_\_\_ **(Signature)**  
\_\_\_\_\_ **(Printed Name)**  
\_\_\_\_\_ **(Parent/Legal Guardian of Patient(Print)**  
\_\_\_\_\_ **(Date)**