

Notice Regarding Privacy Practices of Integrated Health Care Practices

This notice describes how medical information about you may be used and disclosed. Please review it carefully. If you have any questions, please don't hesitate to ask our staff.

We provide health care to our patients/clients in partnership with physicians and other professionals and organizations. The information about privacy practices in this Notice will be followed by all departments and all employed associates, staff or volunteers. In addition, we are a clinically integrated care setting, and we have doctors and other providers giving care to our patients/clients. The health care providers covered by this "organized health care arrangement" will share protected health information with each other as necessary to carry out your treatment, payment for treatment, and health care operations related to this organized health care arrangement. This arrangement does not mean that the persons participating in the organized health care arrangement are involved in a joint business arrangement, or that they are responsible for the acts of one another.

As a patient or client, you have the right to privacy concerning your medical plan of care. Medical record information and your relationship with your medical staff are considered private. Your diagnosis and course of treatment are available only to those directly involved with your care. Unless you tell us otherwise, we will make every effort to give you and your family medical updates as is appropriate and as you request. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This Notice applies to all of the records of your care that we maintain, whether created by our medical staff or your doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office. We are required by law to keep medical information about you private, give you this Notice of our legal duties and privacy practices with respect to medical information about you, and follow the terms of the Notice that is currently in effect.

We may use and disclose medical information about you for treatment (such as sending medical information about you to a specialist as part as a referral); to obtain payment for treatment (such as sending billing information to your insurance company or provider); and to support our health care operations (such as comparing patient data to improve treatment methods). We may disclose medical information and/or participation status also to others for your health and safety. We may disclose information to medical administrators and counselors to support your progress.

Regarding your medical information, you have the right to look at or get a copy of medical information that we use in order to make decisions about your care. You have the right to a personal representative to assist you in reviewing your medical information. If you believe that information in your records is incorrect or incomplete, you have the right to request that we amend the records. You have the right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, health care operations or where you specifically authorized a disclosure. You may request, in writing, that we do not use or disclose medical information about you for specific cases or circumstances.

We reserve the right to change the terms of this Notice at any time. Changes will apply to medical information we already hold, as well as new information we receive after the change

occurs. If we change out Notice, we will post the new Notice in our office. You can receive a copy of the current Notice at any time. The effective date is listed just below the title above. You will also be asked to acknowledge in writing your receipt of this Notice on our Patient or Client. Authorization/Consent for Disclosure of Protected Health Information. If you have questions regarding your privacy rights, you may contact the administrator of this health care practice.

Concerns or complaints
about the use or disclosure of your PHI

If you believe that your health information privacy rights have been violated, contact us immediately and we will try to remedy the situation. You can also file a complaint with the Office of Civil Rights, U.S. Department of Health and Human Services.

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Acknowledgement of Receipt

This is to acknowledge that I have received a copy of the Disclosure of Privacy Practices pertaining to the following health care facility or practices_____

_____ The Back Doctors _____

Please print name_____

Signature of client or patient_____ date_____

_____ I refuse to sign this acknowledgement form.

Note: Practice personnel if client or patient refuses, initial here_____ date_____