

**Notice of Privacy Practices for Geneva Spinal Health**

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

**USES AND DISCLOSURES:** We will use and disclose elements of your protected health information (PHI) in the following ways:

**WITHOUT YOUR SIGNED AUTHORIZATION**

- \*Treatment: Any and all treatment rendered at Geneva Spinal Health.
- \*Payment: Any authorized third party payer listed on Geneva Spinal Health's intake form or given to Geneva Spinal Health.
- \*When release is required by law, including in judicial settings and to health oversight regulatory agencies and law enforcement.
- \*In emergency situations or to avert serious health/safety situations
- \*To medical examiners, coroners or funeral directors to aid in identifying you or to help them in performing their duties.
- \*To organ, tissue and other donation organizations, upon or proximate to your death, if we have no indication on hand about your donation preferences (or a positive indication).

**SPECIAL CASES**

- \*To contact you about your appointment reminders, treatment alternatives and other health related benefits and services.
- \*To the sponsors of your health plan.

**OTHER**

- \*All other uses and disclosure by us will require us to obtain from you a written authorization in addition to any other permission you will provide us.

**YOUR RIGHTS:** you have the following rights to your PHI:

**Restrictions:** To request restricted access to all or part of your PHI. We are not required to grant your request.

**Confidential communications:** To received correspondence of confidential information by alternate means or location. To do this, please do so in writing.

**Access:** To inspect or receive copies of your protected health information. To do this, please do so in writing.

**Amendments:** To request changes be made to you PHI. To do this, please do so in writing. We are not required to grant your request.

**Accounting:** To receive an accounting of the disclosures by us of your PHI in the last six years prior to your request. To do this, please do so in writing.

**This Notice:** To get updates or reissue of this notice, at your request.

**Complaints:** To complain to us or the U.S. Dept of Health and Human Services if you feel your privacy rights have been violated. To register a complaint with us, please do so in writing. The law forbids us from taking retaliatory action against you if you complain.

**Our Duties:** We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice or any update of this notice.

**Privacy contact:** For more information about our privacy practices, please contact: Geneva Spinal Health (440)466-0860

**Effective date:** This notice is effective June 10<sup>th</sup>, 2008.

I acknowledge receipt of this notice:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

If you are signing as the patient's representative: