

Panorama Orthopedics & Spine Center
NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

Revision Date: September 29, 2005

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

We respect patient confidentiality and only release personal health information about you in accordance with State and Federal law. This notice describes our policies that protect the privacy of your medical records and the circumstances in which your health information may be disclosed.

Privacy Contact If you have any questions about this policy or your rights contact the Privacy Officer, 303-233-1223, or in writing at 660 Golden Ridge Road, Suite 250, Golden, CO 80401.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Treatment - We may use or disclose personal health information to your primary care physician, physical therapist or other health care professionals in order to provide, coordinate, or manage your care.

Payment - Information will be used to obtain payment for the treatment and services provided. We will bill your insurance company for services rendered. The information on or sent with your bill may include information that identifies you, your diagnosis, treatment received and/or other health information.

Healthcare Operations - We may use and disclose information about you for our business activities. Members of the medical staff, the quality assurance team and other committees may use information in your health record to assess the care and outcomes in our clinic.

ADDITIONAL DISCLOSURES THAT ARE PERMITTED OR REQUIRED WITHOUT YOUR PERMISSION. Under State and federal law, information about you may be disclosed without your consent in the following circumstances:

As Required by Law - This would include situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect including child abuse, elder abuse, or institutional abuse.

Coroners, Funeral Directors - We may disclose personal health information to a coroner or personal health examiner and funeral directors for the purposes of carrying out their duties.

Governmental Requirements - We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects. We are also required to share information, if requested, with the Department of Health and Human Services to determine our compliance with federal laws related to health care.

Criminal Activity or Danger to Others - If a crime is committed on our premises or against our personnel we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement and to warn any potential victims when we believe an immediate danger may exist to someone, or if we believe you present a danger to yourself.

Government Functions - We may disclose health information for special government functions such as military activities.

Worker's Compensation - We will disclose health information to the extent authorized by and to the extent necessary to comply with the laws relating to worker's compensation and other similar programs established by law.

PATIENT RIGHTS - You have the following rights under State and Federal law:

Privacy Notice - You have the right to obtain additional copies of this notice

Copy of Record - You are entitled to inspect your personal health record. You must give reasonable notice of your request to review or receive a copy of your record. We may charge you a reasonable fee for copying and mailing your record.

Release of Records - You may consent to the release of your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time in writing, but only to the extent no action has been taken in reliance on your prior authorization.

Release of health information to:

_____ Designated Party

_____ Designated Party

Restriction on Record - You may ask us not to use or disclose your personal health information. This request must be in writing. Panorama Orthopedics & Spine Center is not required to agree to your request.

Communication - You may request that we send information to another address or by alternative means. You must provide us with at least one mailing address and telephone number where you wish to receive communications. We have a right to verify that the payment information you are providing is correct. Due to agency policy, we are not able to provide information by email.

Amending Record - You have the right to request a correction of your health record. Panorama Orthopedics & Spine Center does not have to grant this request, if, for example, we did not create the record as in the case of a consultation report. If we deny your request for correction, we will notify you why, how you can attach a statement of disagreement and how to request a review.

Accounting for Disclosures - You may request a listing of any disclosures we have made related to your personal health information, except for information we used for treatment, payment, or health care operations purposes or that we shared with you or your family, or information that you provided authorization to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years and after April 14, 2003, please submit your request in writing to our Privacy Officer. The first accounting in any 12-month period is free, thereafter, we reserve the right to charge a reasonable fee.

Questions and Complaints - If you have any questions, or wish a copy of this Policy or have any complaints you may contact our Privacy Officer at Panorama Orthopedics & Spine Center. You also may complain to the Secretary of Health and Human Services if you believe Panorama Orthopedics & Spine Center has violated your privacy rights. We will not retaliate against any individual for filing a complaint or concern.

Changes in Policy - Panorama Orthopedics & Spine Center reserves the right to change its Privacy Policy based on the needs of the practice and changes in state and federal law.

I am aware of the Panorama Orthopedics & Spine Center Privacy Notice, and I may request a copy if needed.

Signature

Print Name: _____

Today's Date

Date of Birth: _____