I. Uses and Disclosures of Protected Health Information

We may use or disclose your protected health information for purposes of providing treatment, payment, and health care operations. Unless the "BioSpine Institute" has obtained your authorization or the use or disclosure is otherwise permitted by law, we may use or disclose your protected health information for the purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any written or oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

A. Treatment.

We use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information to a pharmacy to fill a prescription or to a laboratory to order a test. We may disclose your protected health information to your family, your close personal friends, or another person who is involved in your care or the payment for your care, if you agree in writing to the disclosure.

B. Payment.

Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurance company to get approval for the procedure that we have scheduled. For example, we may need to disclose information to your health insurer before we provide you with services and care. We may also disclose protected health information to your health insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for the services we provide to you, we may also need to disclose your protected health information to your licensor and a research company so that they can perform the medical necessity of the services or, as required by your insurance company, for utilization review. We may also disclose patient information to another provider involved in your care for the other provider's payment activities. This may include disclosure of demographic information to anesthesia care providers for payment of their services.

C. Operations.

We may use or disclose your protected health information, as necessary, for our own health care operations to facilitate the function of the "BioSpine Institute" and the delivery of quality health care to all patients. Health care operations include such activities as: quality assessment and improvement activities, employee review activities, training programs including those in which students, trainees, or practitioners in health care learn under supervision, accreditation, certification, licensing or credentialing activities, research and audit, including completing surveys, legal services, and maintaining compliance programs, and business management and general administrative activities. In certain situations, we may disclose patient information to another provider or health plan for their health care operations.

D. Other Uses and Disclosures.

As part of treatment, payment and health care operations, we may also use or disclose your protected health information for the following purposes: to remind you of your appointments or surgery date, to inform you of potential treatment alternatives or options, to inform you of health-related benefits or services that may be available to you, to ask whether you need to raise funds for the "BioSpine Institute" or an institutional foundation related to the "BioSpine Institute". If you do not wish to be contacted regarding fundraising, allergy screening, and/or clinical research, you can request in writing to the BioSpine Institute Privacy Officer.

II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object

A. When Legally Required.

We will disclose your protected health information when we are required to do so by any federal, state or local law.

B. When There Are Risks to Public Health.

We may disclose your protected health information for the following public activities and permitted or required by law:

- To prevent, control, report disease, injury or disability as permitted or required by law.
- To report vital events such as birth or death as permitted or required by law.
- To conduct public health surveillance, investigations and interventions as permitted or required by law.
- To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance.
- To notify a person who may be at risk of contracting or spreading a disease as authorized by law.
- To report to an employer information about an individual who is a member of the workforce.

C. To Report Suspected Abuse, Neglect Or Domestic Violence.

We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

D. To Conduct Health Oversight Activities.

We may disclose your protected health information to a health oversight agency for activities including audits, civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary action; or other regulatory oversight as authorized by law. We will not disclose your health information under this authority if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

E. In Connection With Judicial and Administrative Proceedings.

We may disclose your protected health information in the course of any judicial or administrative proceeding in response to a subpoena to a court or to a similar legal process. In these circumstances, we may disclose your protected health information in response to a subpoena to a court or to a similar legal process, even when no patient authorization has been obtained by state law if we receive satisfactory assurances that you have been notified of the request or that an effort was made to secure a protective order.

F. For Law Enforcement Purposes.

We may disclose your protected health information to a law enforcement officer for law enforcement purposes as follows: As required by law for reporting of certain types of wounds or other physical injuries. For example, we may disclose your protected health information to a court, court-order warrant, subpoena, summons or similar process. For the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Under certain limited circumstances, when you are the victim of a crime. To a law enforcement officer if the "BioSpine Institute" has a suspicion that your healthcare condition was the result of criminal conduct. In an emergency to report a crime.

G. To Coroners, Funeral Directors, and for Organ Donation.

We may disclose your protected health information to a coroner or medical examiner for identification purposes. We may also disclose your protected health information to a funeral director as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of your death. Protected health information may be used and disclosed for cadaver, organ, eye or tissue donation purposes.

H. For Research Purposes.

We may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.

I. In the Event of a Serious Threat to Health or Safety.

We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

J. For Specified Government Functions.

In certain circumstances, federal regulations authorize the "BioSpine Institute" to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protection of the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

K. For Worker's Compensation.

We may disclose your protected health information to comply withworker's compensation laws or similar programs.

III. Uses and Disclosures Permitted Without Authorization but with Opportunity to Object

We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your surgery or treatment or payment related to your care. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures or if we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interest not to object, we may then disclose your protected health information for the purposes that are permitted or required by law.
IV. Uses and Disclosures which you Authorize

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time, except to the extent that we have taken action in reliance upon the authorization.

V. Your Rights

You have the following rights regarding your health information:

A. The right to inspect and copy your protected health information. You may inspect and obtain a copy of your protected health information that is contained in a designated record set or maintained by us as the protected health information. A "designated record set" contains medical and billing records and any other records that are used to make decisions about you and the "BioSpine Institute" uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, litigation; and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, we may request a reasonable time period for the accounting. If the requested accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

B. The right to request a restriction on uses and disclosures of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Privacy Notice. Your request must state the specific restriction requested and to whom you wish the restriction to apply.

The "BioSpine Institute" is not required to agree to a restriction that you request. We will notify you if we agree to the restriction. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.

Please contact our Privacy Officer if you have questions about access to your medical record or how to make a request for access.

C. The right to request confidential communications. You may request that we communicate with you in certain ways and we may make a refusal to your request. Requests for amendment and will provide you with a copy of any such rebuttal. Requests for amendment must be in writing and must be directed to our Privacy Officer. In the event that we make an amendment to your record, you must also provide a reason to support the requested amendments.

D. The right to request amendments to your protected health information. You may request an amendment of protected health information about you in a designated record set or maintained by us as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Requests for amendment must be in writing and must be directed to our Privacy Officer. In the event that we make an amendment to your record, you must also provide a reason to support the requested amendments.

E. The right to receive an accounting. You have the right to request an accounting of certain protected health information made by the "BioSpine Institute". This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Privacy Notice. We will also be required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures that were made for family members involved in your care, or certain other disclosures we are legally allowed to make without an authorization. The first accounting you request is free of charge; however, you may request a statement of the cost for time and other costs. You must make the new Notice provisions effective for all future protected health information disclosures.

F. The right to obtain a paper copy of this notice. Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to receive this notice electronically.

VI. Our Duties

You have the right to inspect and copy your protected health information if, in our professional judgment, we determine that the access is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request this information. To inspect and copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last page of this Privacy Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.

VI. Our Duties

A. The right to inspect and copy your protected health information. You may inspect and obtain a copy of your protected health information that is contained in a designated record set or maintained by us as the protected health information. A "designated record set" contains medical and billing records and any other records that are used to make decisions about you and the "BioSpine Institute" uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, litigation; and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, we may request a reasonable time period for the accounting. If the requested accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

F. The right to obtain a paper copy of this notice. Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to receive this notice electronically.

Summary of the Florida Patient’s Bill of Rights and Responsibilities

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you recognize your rights while you are receiving medical care and that you appreciate of his or her individual dignity, and with protection of his or her need for privacy.

A. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

B. A patient has the right to access medical care or treatment, regardless of race, national origin, religion, handicap, or source of payment.

C. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

D. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

E. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

F. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

G. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

H. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

I. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

J. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

K. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

L. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

M. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

N. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

O. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

P. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

Q. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

R. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

S. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

T. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

U. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

V. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

W. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

X. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

Y. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

Z. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

VII. Complaints

You have the right to express complaints to the Privacy Officer at "BioSpine Institute" and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the "BioSpine Institute" by contacting the "BioSpine Institute"’s Privacy Officer verbally or in writing, regarding the privacy practices of your "BioSpine Institute". If you believe that your privacy rights have been violated, you may file a complaint with the Department of Health and Human Services or you may have regarding the privacy of your information. You will not be retaliated against for filing a complaint.

VIII. Contact Person

The "BioSpine Institute's" contact person for all issues regarding patient privacy and rights under the federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer at "BioSpine Institute". If you believe that your information is subject to the financial obligations of your or her health care are fulfilled as promptly as possible.

A patient is responsible for the following: healthcare facility rules and regulations affecting patient care and conduct.

VI. Our Duties

The "BioSpine Institute" is required by law to maintain the privacy of your health information and to provide you with this Privacy Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all future protected health information disclosures that we maintain. If the "BioSpine Institute" changes its Notice, we will post a copy upon request. Each time you visit our "BioSpine Institute" you may obtain a copy of the most current notice if you so request.