E. The right to receive an accounting. You have the right to request an accounting of certain disclosures of your 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 are not required to account for disclosures that you requested, disclosures that you authorized by signing an authorization form, disclosures for a "BioSpine Institute" directory, to friends or family members involved in your care, or certain other disclosures we are permitted to make without authorization. The request for an 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 pro-
vide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept 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 respect the health care provider’s or health care facility’s right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

• A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
• A patient has the right to a prompt and reasonable response to questions and requests.
• A patient has the right to know who is providing medical services and who is responsible for his or her care.
• A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
• A patient has the right to know what rules and regulations apply to his or her conduct.
• A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
• A patient has the right to refuse any treatment, except as otherwise provided by law.
• A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
• A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
• A patient has the right to receive, upon request, prior to treat-

ment, a reasonable estimate of charges for medical care.
• A patient has the right to receive a copy of a reasonably clear and understand-
able, itemized bill and, upon request, to have the charges explained.
• A patient has the right to impartial access to medical treatment or accommodations, regard-
less of race, national origin, religion, handicap, or source of payment.
• A patient has the right to treatment for any emergency medical condi-
tion that will deteriorate from failure to provide treatment.
• A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
• A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.
• A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnes-
es, hospitalizations, medications, and other matters relating to his or her health.
• A patient is responsible for reporting to the health care provider whether he or she com-
prehends a contemplated course of action and what is expected of him or her.
• A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
• A patient is responsible for following the treatment plan recommended by the health care provider.
• A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
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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 the terms of this Notice as may be amended from time to time, and 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 that we maintain. If the “BioSpine Institute” changes its Notice, we will post a copy of the most current notice to “BioSpine Institute” and will provide you 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.

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, using the contact information below. We encourage you to express any concerns you may have regarding your privacy information. You will not be retaliated against in any way for filing a complaint.

VIII. CONTACT PERSON

The “BioSpine Institute’s” contact person for all issues regarding patient privacy and your 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. If you feel that your privacy rights have been vio-
lated by this “BioSpine Institute” you may submit a complaint to our Privacy Officer by sending it to:

Facility Name: BioSpine Institute
Address: 4211 W. Boy Scout Blvd.
Tampa, FL 33607
ATTN: Privacy Officer

The Privacy Office can be contacted by phone at 855-485-3262 ext 100

IX. EFFECTIVE DATE

This Notice is Effective 12-1-2015

HIPAA NOTICE OF PRIVACY PRACTICES

AND

PATIENT BILL OF RIGHTS

3900 Millenia Boulevard
Orlando, FL 32839
421 W. Boy Scout Blvd. Suite 400
Tampa, FL 33607
7101 Mariner Boulevard
Brooksville, FL 34609


o: 855-485-3262 | f: 813-443-8255 | e: info@biospine.com

James J. Ronzo, D.O. • Frank S. Bono, D.O.
Roderick Claybrooks, M.D. • Reginald Davis, M.D.
A. When Legally Required. We may disclose your protected health information when we are required to do so by any Federal, State, or local law. We may disclose your protected health information to a person for the purpose of obtaining payment for services that we have scheduled. For example, we may need to disclose information to your health insurance company to demonstrate the medical necessity of the services or, as required by law, to determine whether a particular service is covered under your health plan.

B. When There Are Risks to Public Health. We may disclose your protected health information in the following public activities and purposes:

1. To report vital events such as birth or death as permitted or required by law.

C. The right to request amendments to your health information that you believe is incorrect or unnecessary. You may ask us to amend information about you that you believe is inaccurate or incomplete. You must state the specific information you believe is inaccurate or incom-plete and why you believe it is inaccurate or incomplete. We may deny your request if it is not reasonably practicable to do so or if your request would be prohibited by law. You have the right to request in writing that we restrict the use and disclosure of certain listed information for treatment, payment, and health care operations purposes to a family member or a close personal friend. You must state the specific information you believe should be restricted and to whom you want the restriction to apply.

D. The right to request a restriction on uses and disclosures of your protected health information. You may request that we not use or disclose your protected health information for purposes of treatment, payment or health care operations. You may also request that we not disclose your protected health information to a family member or a close personal friend. Your request must be made in writing to our Privacy Officer.

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 court order, or a subpoena, summons or similar process. We may use or disclose your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not disclose your protected health information to a family member or a close personal friend. Your request must be made in writing to our Privacy Officer.

F. For Law Enforcement Purposes. We may disclose your protected health information to a law enforcement official as required by law for law enforcement purposes as follows: As required by law for reporting of certain types of wounds or other physical injuries. We may disclose your protected health information for court ordered, court-ordered warrant, subpoena, summons or similar process. For the purpose of a law enforcement investigation, including an investigation of a death or a crime. To report vital events such as birth or death as permitted or required by law.

G. To Coroners, Funeral Directors, and for Organ Donation. We may disclose your protected health information to a coroner or a funeral director for an identifiable person who died. We may also disclose your protected health information to an organ donor in connection with making an organ donation.

H. For Research Purposes. We may use or disclose your protected health information for research purposes if the use or disclosure has been approved by the Institutional Review Board (IRB). The IRB is a committee that reviews all research projects involving the use of patient information. The IRB ensures that all research projects will protect the rights and welfare of participants.

I. In the Event of a Serious Threat to Health or Safety. We may disclose your protected health information to a person for the purpose of obtaining information that 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.

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, protective services for the President and others, law enforcement, and crime victims' and their family's rights. We may also provide your information to a law enforcement agency in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

K. For Worker's Compensation. The "BioSpine Institute" may release your health information to comply with worker's compensation laws or similar programs.

L. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Dictated to your Privacy Officer.

M. Uses and Disclosures Permitted Without Authorization but with Opportunity to Object. We may use and disclose your protected health information for the following purposes: To provide information to you or a family member or close personal friend about your care or for notification purposes as described in this Privacy Notice. We cannot provide your information for treatment, payment, or health care operations purposes to a 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.

N. Uses and Disclosures which you Authorize. Other than as stated above, we will not disclose your health information other than with your authorization or as required by law. We will not disclose your health information other than with your authorization. We will only disclose your health information if it is subject to a law that prohibits access to protected health information. Depending on the circumstances, you may have the right to have a decision to deny access reviewed.

O. For Worker's Compensation. We may disclose your protected health information to your employer or a group health plan to help them with their worker's compensation claims.

P. To Your Family/Representative. We may disclose to family, friends, or other persons involved in your care, unless you object, your relevant health information that relates to your past, present, or future physical or mental health or condition.

Q. For Worker's Compensation. We may disclose your protected health information to your employer or a group health plan to help them with their worker's compensation claims.

R. For Worker's Compensation. We may disclose your protected health information to your employer or a group health plan to help them with their worker's compensation claims.

S. For Worker's Compensation. We may disclose your protected health information to your employer or a group health plan to help them with their worker's compensation claims.

T. For Worker's Compensation. We may disclose your protected health information to your employer or a group health plan to help them with their worker's compensation claims.

U. For Worker's Compensation. We may disclose your protected health information to your employer or a group health plan to help them with their worker's compensation claims.

V. Your Rights. You have the following rights regarding your health information:

A. The right to request and inspect your protected health information. You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as the BioSpine Institute maintains the information. If you request information from other records that your surgeon 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, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, you may have the right to have a decision to deny access reviewed.

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 the purposes of treatment, payment or health care operations. You may also request that we not disclose your protected health information to a family member or a close personal friend. Your request must be made in writing to our Privacy Officer.

C. The right to receive confidential communications from us by alternative means or in a format that is accessible to you. If you are vision-impaired, you may ask us to provide you with information in Braille or on audiotape. We may also disclose information to a family member or a close personal friend.

D. The right to request amendments to your health information. You may request that we correct or amend your protected health information that you believe is incorrect or inadequate. For example, you may request that we correct or amend a record of information you provided during treatment if you believe it is incorrect or incomplete. We may deny your request if it is not reasonably practicable to do so or if your request would be prohibited by law. We will provide you with a written explanation for our denial. You have the right to have the explanation attached to your record or to have us send a copy of the explanation directly to your insurance company. You can also request that we restrict the use and disclosure of certain listed information for treatment, payment, and health care operations purposes to a family member or a close personal friend. You must state the specific information you believe should be restricted and to whom you want the restriction to apply.