The Spine Center of Louisiana

NOTICE OF PRIVACY PRACTICES

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

About this Notice of Privacy Practices ("Notice")

The Spine Center of Louisiana is committed to protecting the privacy of health information we create or obtain about you. This Notice tells you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information.

We are required by the Health Insurance Portability and Accountability Act (HIPAA) to: (i) make sure your health information is protected; (ii) give you this Notice describing our legal duties and privacy practices with respect to your health information; (iii) explain your rights; and (iv) follow the terms of the Notice that is currently in effect.

The privacy practices described in this Notice will be followed by all members of the workforce at The Spine Center of Louisiana, including health care professionals, employees, trainees, students, and volunteers. Additionally, third parties ("business associates") that provide services on our behalf will be required to comply with all applicable provisions.

How We May Use and Disclose Health Information About You

The following sections describe different ways we may use and disclose your health information. We abide by all applicable laws related to the protection of this information. Not every use or disclosure is listed. All of the ways we are permitted to use and disclose health information, however, will fall within one of the following categories:

Treatment.

We may use or disclose health information about you to provide you with medical treatment or services. For example, other staff members involved in your care will use your health information to coordinate your care or to plan a course of treatment for you. This may include sharing your health information other health care providers, agencies, or facilities to provide – for example - lab work, X-rays, or transportation.

Payment.

We may use and disclose health information about you so that the treatment and services you receive may be billed to you and payment collected from you, an insurance company or another third party. For example, we may need to give information to your health insurance company about surgery you receive so your health insurance company will pay us or reimburse you for the surgery.

Health care operations.

We may use and disclose health information about you for health care operations. These uses and disclosures are made to enhance quality of care, for medical staff training, and general business activities. For example, we may disclose your health information for review and learning purposes, for risk management activities, or to ensure we are complying with all applicable laws.

Inpatient directory.

We use information to maintain an inpatient directory. The directory will list your name, room number, general condition and, if you wish, your religious affiliation. Unless you choose to have your information excluded from this directory, the information (except for religious affiliation) may be disclosed to anyone who requests it by asking for you by name.

This information, including your religious affiliation, may also be provided to members of the clergy, even if they do not ask for you by name. If you object to your information being included in the inpatient directory, you must tell your caregivers or please contact our Privacy Officer at the address provided at the end of this Notice and complete a request to opt out of the inpatient directory.

Research and related activities.

We may use and disclose your health information as permitted for research and related activities. This is subject to your authorization and/or oversight by an Institutional Review Board or Privacy Board responsible for protecting the privacy rights and safety of human subject research. In all circumstances, your health information will continue to be protected.

Fundraising.

We may contact you at times using information maintained in your medical history (including the dates on which and the department from which you received treatment) to ask you to support our fundraising activities or sponsored events. If you wish to opt out of receiving these communications, please contact our Privacy Officer at the address provided at the end of this Notice.

Additional uses and disclosures of your health information.

We may use or disclose your health information without your authorization permission to the following individuals or entities, or for other purposes permitted or required by law, including:

• As required by state or federal law. For example, to report abuse or certain types of injuries, or to comply with a court order.

• In the event of a disaster, to organizations assisting in a disaster relief effort so that your family can be notified of your condition and location.

• To prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person.

• To coroners, medical examiners, and funeral directors, as authorized or required by law as necessary for them to carry out their duties.

• To your employer for workers' compensation or similar programs providing benefits for work-related injuries or illnesses.

• If you are a potential organ donor, to organizations that handle organ procurement or transplantation or to an organ bank.

• To a correctional institution as authorized or required by law if you are an inmate or under the custody of law enforcement officials.

• For public health purposes. For example, to report adverse adverse events (or similar activities with respect to food or dietary supplements), product defects, or other problems.

• Unless you say no, to anyone involved in your care or payment for your care, such as a friend, family member, or any individual you identify.

Other uses of health information.

Other uses and disclosures of health information not covered by this Notice will be made only with your written authorization. Most uses and disclosures of psychotherapy notes and most uses and disclosures for marketing purposes fall within this category and require your authorization before we may use your health information for these purposes.

Additionally, with certain limited exceptions, we are not allowed to sell or receive anything of value in exchange for your health information without your written authorization. If you provide us with authorization to use or disclose your health information about you, you may revoke your authorization, in writing, at any time.

However, uses and disclosures made before the revocation of your authorization are not affected by your action and we cannot take back any disclosures we may have already made with your authorization or that may have been made on reliance of your authorization.

Use of unsecure electronic communications.

If you choose to communicate with us via unsecure electronic communications, such as regular email or text message, we may respond to you in the same manner in which the communication was received and to the same email address or account from which you sent your original communication.

In addition, if you provide your email address or cell phone number to a health care provider, we may send you emails or text messages related to appointment reminders, surveys, or other general informational communications. For your convenience, these messages may be sent unencrypted.

Before using or agreeing to use of any unsecure electronic communication to communicate with us, note that there are certain risks, such as interception by others, misaddressed/misdirected messages, shared accounts, messages forwarded to others, or messages stored on unsecured, portable electronic devices.

By choosing to correspond with us via unsecure electronic communication, you are acknowledging and agreeing to accept these risks. Additionally, you should understand that the use of email or other electronic communications is not intended to be a substitute for professional medical advice, diagnosis, or treatment.

Your Rights Regarding Your Health Information

You have the following rights regarding the health information we maintain about you:

Right to Access and Copy.

You have the right to request access to and obtain a copy of your health information, except for psychotherapy notes and information pertaining to an ongoing clinical research trial.

You can request copies of your health information in the format of your choice. To access or request a copy of your health information, please contact our Privacy Officer at the address provided at the end of this Notice. We reserve the right, under limited circumstances, to deny access to your health information, and if so, to provide you with a written explanation for the denial, as well as your right to appeal that decision.

We may impose a reasonable fee to cover the costs of creating copies of health information. We are required to notify you in writing of any anticipated fees prior to sending the requested information, if the requested health information will be delayed for any reason, or if the requested health information cannot be provided in the format requested.

Right to Amend.

If you feel your health information is incorrect or incomplete, you have the right to request we amend your health information for as long as the information is kept by or for us. To request an amendment to your health information, please contact our Privacy Officer at the address provided at the end of this Notice.

You must provide a reason to support your request for an amendment; and, under limited circumstances, we may deny your request. If your request is denied, we must provide an explanation why it was denied.

Right to an Accounting of Disclosures.

You have the right to request an "accounting of disclosures," which lists how we have disclosed your health information. The list will not include certain disclosures, such as health information used or disclosed for your treatment, payment, or health care operations, or disclosures made with your authorization.

To request an accounting of disclosures, please contact our Privacy Officer at the address provided at the end of this Notice. Your request must include a time period of disclosures within the last six years. One request within a 12-month period will be free of charge. We may charge a reasonable fee for subsequent requests.

Right to Request Restrictions.

You have the right to request restrictions on what health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care, such as a family member or friend.

To request restrictions on your health information, please contact our Privacy Officer at the address provided at the end of this Notice. We are not required to agree to your restriction request. If agreed, we will comply with your request unless restricted information is needed to provide you with emergency treatment.

Right to Request Alternative Communications.

You have the right to request we communicate with you about medical matters or your health information in an alternative manner or location. To request alternative communication methods, please contact our Privacy Officer at the address provided at the end of this Notice. Your request must specify how you wish to be contacted. We will not ask the reason for your request, and will accommodate all reasonable requests.

Right to Notice in the Event of a Breach.

You have the right to be notified when your health information has been acquired, accessed, used, or disclosed in a manner that is not legally permitted, and where we determine your health information has been potentially compromised (referred to as a “breach”). If a breach of your health information occurs, you will be notified of the breach in writing within 60 days of when the breach was discovered.

Right to a Paper Copy of this Notice.

You have the right to a paper copy of this Notice of Privacy Practices at any time. You may also obtain a copy of this Notice by visiting www.spinela.com or by contacting our Privacy Officer at the address provided at the end of this Notice.

Complaints.

If you believe your privacy rights have been violated, that your health information has been improperly accessed, used, or disclosed or have concerns about our privacy practices, please contact our Privacy Officer at the address provided at the end of this Notice. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

Changes to the Terms of This Notice.

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our facility, and on our web site.

Contact Information.

If you have any questions about this Notice or our privacy practices, or you wish to exercise your HIPAA rights or make a complaint, please contact our Privacy Officer.

Heather Rills

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Effective Date of this Notice: September 30, 2024