



RICHMOND SPINE

Interventions & Pain Center

Specializing in Spinal Injection Techniques, Spinal Cord
Stimulation & Kyphoplasty for Vertebral Compression Fractures

Privacy Notice of Patient Privacy Practices for Richmond Spine Interventions and Pain Center

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.

Safeguarding your privacy and your protected health information under the Health Insurance Portability and Accessibility Act (HIPAA), as amended, the HIPAA Privacy and Security Regulations, and other federal and state laws is very important to us. We keep your health and financial information private, as required by law, and our rules. This notice explains your rights, our legal duties and privacy practices. We are required by law to give you this notice and to follow the duties and practices described in it. We will let you know promptly if a breach occurs that may compromise the privacy or security of your information. We will not use or share your information other than as described here, unless you tell us we can in writing. If you tell us we can, you can change your mind at any time, in which case you need to let us know of the change in writing to stop our future disclosures of your health information. Information disclosed before you have revoked your authorization will not be returned and any actions that we have already taken based on prior authorization will not be affected.

Please review this notice carefully and sign the acknowledgment form

You may contact us to address any concerns or questions about the privacy of your health information or financial information provided to us. If you believe your privacy has been violated, you may contact us to discuss your concerns or to file a complaint. Please contact the Privacy Officer, Kuntear Dabney, Richmond Spine Interventions and Pain Center, at telephone number 804-378-1800. You may also file a complaint with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint or voicing a privacy concern.

We may change this notice at any time. Changes will apply to the protected health information we already have about you and any protected health information about you we may obtain in the future. We must tell you about any changes to our privacy notice and follow the notice in effect. We may tell you about changes by posting the revised privacy notice on our websites, posting a summary in the waiting room at our practice, and making copies available upon your request.

Your Protected Health Information

Your protected health information (sometimes abbreviated "PHI") as information that identifies you or can be used to identify you; that either comes from you or has been created or received by a healthcare provider, a healthcare plan, your employer, or a healthcare clearinghouse; and has to do with your physical or mental health or condition, providing healthcare to you, or paying for providing healthcare to you.



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How We Collect Other Information About You:

Richmond Spine Interventions and Pain Center and its employees collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voice mails, and from the submission of applications that is either required by law, or necessary to process applications or other requests for assistance through our organization.

What We Do Not Do With Your Information:

Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence. We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or clients who apply for or receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in writing accepted by us.

How We Do Use Your Information:

Information is only used as is reasonably necessary to process your application for care or to provide you with health or counseling services which may require communication between Richmond Spine Interventions and Pain Center and health care providers, medical product or service providers, pharmacies, insurance companies, and other providers necessary to: verify your medical information is accurate; determine and provide the type of health care services or items you need; or to obtain payment for services or products, as well as any other use permitted by law.

Your protected health information may be collected, used, and shared without your written authorization:

To treat you and care for you, including consulting with other medical professionals who are treating you and contacting you for appointment reminders; To run Richmond Spine Interventions and Pain Center, including improving your care through quality assessment and review, training, business planning, customer service, grievance resolution, credentialing and medical review and other general administrative activities; To obtain payment from you, your insurance company or anyone else responsible for payment for the services we provide to you. Under specified conditions, we may use and share some of your protected health information in other ways without your written authorization: For public health, abuse or neglect, and health

oversight, such as alerting a person who may be at risk for contracting or spreading a disease, reporting suspected abuse, neglect, or domestic violence, and preventing a serious and imminent threat to anyone's health or safety; For law compliance, to law enforcement as required by law, for worker's compensation claims, to health oversight agencies for activities authorized by law, and for special government functions authorized by law such as to public assistance personnel or for national security purposes; For assisting a medical examiner or funeral director, when necessary to identify a deceased



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individual or determine cause of death; For responses to organ and tissue donation requests; For judicial and administrative proceedings, in response to a court or administrative order or subpoena; For certain health research, provided other precautions have been taken to protect your information; With family and friends if the information is directly relevant to their involvement in your healthcare or their payment for your healthcare, **unless you tell us otherwise in writing**; In an emergency where you cannot be contacted or respond, we may disclose your protected health information to a family member, friend, or other person if sharing it is in your best interest in your doctor's professional judgment; For any other reason where a disclosure is required by law.

Your Individual Rights Regarding Your Health Information:

You may tell us in writing that we can give your protected health information to someone else for any reason. Please use our authorization form. If you have given medical power of attorney to someone or you have a legal guardian, that person can exercise your rights and make choices about your healthcare information. We will make sure the person has this authority and can act for you before we take any action. You may specify your preferred method of communication to you using means that are reasonable. You may ask us to send you personal information to an address other than your home if sending it to your home could place you in danger.

We must give you access to your own protected health information. You have a right to see or get a copy of your protected health information and to ask that we correct it if you believe it is missing something or is incorrect. We will provide a copy or summary of your health information within 15 days of your request. We may charge a reasonable fee for medical records. You may send us a written request to ask us not to use your protected health information for treatment, payment, or healthcare operations activities. We are not required to agree to these requests and may refuse a request that we believe would affect your care. If you pay for a service in full out-of-pocket, you can ask us not to share information about that service for purposes of payment or our operations with your health insurer. We will agree unless a law requires us to share that information. You may send us a written request for a list ("accounting") of certain disclosures we made of your protected health information other than disclosures about treatment, payment, and healthcare operations, and disclosures you asked us to make. We will provide one accounting per year for free, but will charge a reasonable, cost-based fee if you ask for another within twelve months. You have a right to receive a new copy of this Notice of Privacy Practices at any time.

No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.