

NOTICE OF PRIVACY PRATICES

TREATMENT: BSC will use your protected health and financial information in the provision and coordination of your healthcare. BSC may disclose all or any portion of your protected health and financial information to your attending physician, consulting physician(s), nursed, technicians, medical students, and other health care providers who have a legitimate need for such information in your care and continued treatment. For example, we would disclose your protected health information as necessary, to a home health agency that provides care to you or to other physicians who may be treating you.

TREATMENT ALTERNATIVES: BSC may use and disclose your protected health and financial information to tell you about or recommend a possible treatment option or alternative that may be of interest to you.

FAMILY / FRIENDS: BSC may release protected health and financial information about you to a friend or family member who is involved in your medical care. BSC may also give information to someone who helps pay for your care.

PAYMENT: BSC may release protected health and financial information about you for the purposes of determining coverage, billing, claims management, medical data processing, and reimbursement. The information may be released to an insurance company for the coordination of benefits and to obtain payment. BSC may provide information to them about you and the care given, which may include copies or excerpts of your medical records, which are necessary for payment of your account. For example, a bill sent to an insurance company might include information that identifies you, your diagnosis, and the procedures and supplies used.

ROUTINE HEALTHCARE OPERATIONS: BSC may use and disclose your protected health and financial information during routine health operations; which include, but not limited to, quality assessment activities, employee review activities, medical research & educational purposed, training of medical students, licensing, marketing, fundraising activities, and conducting or arranging business activities. For example, BSC may use a sign in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the reception area when your physician is ready to see you.

PHONE CONTACTS: BSC may use and disclose protected health information and financial information as necessary, to remind you of your appointment.

HEALTH RELATED BUSINESS & SERVICES: BSC may use and disclose protected health and financial information to tell you of health related benefits or services that may be of interest.

BUSINESS ASSOCIATES: BSC may use and disclose certain protected health and financial information about you to business associates. A business associate is an individual or entity under contract with BSC which necessitates the use and disclosure of protected health and financial information. For example, may include, but not limited to, copy services used by BSC to copy medical records, consultants, accountants, lawyers, medical transcriptionists and third party billing companies. These business associates also have the obligation to protect the confidentiality of your protected health information.

REGULATORY AGENCIES: BSC may disclose your protected health and financial information to a government oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations, and inspections. In addition, BSC may disclose your protected health information to certain private oversight health agencies such as accreditation organizations.

LAW ENFORCEMENT / UGITATION: BSC may disclose your protected health and financial information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

PUBLIC HEALTH: BSC as required by law, BSC may disclose your protected health and financial information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, BSC is required to report the existence of a communicable disease, such as acquired immune deficiency syndrome (AIDS), to the Arizona State Department of Health Services to protect the health and wellbeing of the public.

WORKER'S COMPENSATION: BSC may release protected health and financial information about you to your employer, your worker's compensation carrier and/or the appropriate industrial commission for worker's compensation benefits.

MITLITARY /VETERANS: BSC may disclose your protected and financial information as required by military command authorities, if you are a member of the armed forces.

FDA: BSC may disclose your protected health and financial information to a person or company required by the Food and Drug Administration to report adverse events, product defects of problems, biologic product deviations, track products to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.

INMATES: BSC may use your protected health and financial information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

REQUIRED BY LAW: BSC may disclose your protected health and financial information about you when required to do so by law. For example, BSC may disclose certain protected health and financial information to those persons who have a risk exposure related to a communicable disease, according to Arizona law.

CORONERS, FUNERAL DIRECTORS, AND ORGAN DONORS: BSC may disclose protected health information to a coroner or medical examiner for identification purposes; determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. BSC may also disclose protected health information to a funeral director to carry out their duties. BSC may disclose such information in reasonable anticipation of death for cadaveric organ, eye, or tissue donation purposes.

OTHER USES: Any other used and disclosures not allowed by law or regulation will be made only with your written authorization. If you would ever like to revoke your permission, please notify the office in writing.

PATIENT HEALTH INFORMATION RIGHTS: Although all records concerning your medical care and treatment obtained at BSC are the property of BSC, you have the following rights concerning your protected health and financial information.

RIGHT TO CONFIDENTIAL COMMUNICATIONS: You have the right to receive confidential communications of your protected health and financial information by alternative means or at alternative locations. For example, you may request that BSC only contact you at work or by mail.

RIGHT TO REQUEST AND INSPECT A COPY: You have the right to request inspection and request a copy of you **RIGHT TO AN ACCOUNTING:** You have the right to obtain a statement of the disclosures of your protected health and financial information that occurred after April 14, 2003 as provided by the HIPAA Federal Privacy Law and Regulations. You have the right to one free accounting in a 12 month period.

RIGHT TO AMEND: You have the right to request an amendment to your protected health and financial information according to BSC privacy policy.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request restrictions on certain uses and disclosures of your medical records, protected health information as provided by the Federal Privacy Law. BSC may decide not to honor your request.

RIGHT TO RECEIVE COPY OF THIS NOTICE: You have the right to receive a paper copy of this notice upon request.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

RIGHT TO REVOKE AUTHORIZATION: You have the right to revoke your authorization to use or disclose your protected and financial information except to the extent that action has already been taken based on original authorization. You may do so by delivering a written request to BSC office. If you have any questions and would like additional information, you may contact BSC office. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services.

Consent for SMS Communication

The information obtained through consent will not be shared with third parties or affiliates.

Types of SMS Communications

If you have consented to receive text messages from Brain and Spine Center, you may receive text messages related to appointment reminders, health updates, or office announcements.

- **Frequency:** You can expect to receive 1-3 messages weekly from our organization, depending on your preferences and engagement.
- **Fees:** Message and data rates may apply.

Opt-in: Patients may fill out a form to opt-in for SMS messaging.

Opt-out: Once you opt-in and initiate a conversation through text messages, an opt-out language will always be sent to you. This ensures you always have the option to opt-out at any time. (To stop receiving text messages, reply "STOP" to any message.) No further communication will be sent to you after opting out.