

Brinza Spine and Sport HIPAA Privacy Policy

This notice of HIPAA privacy practices describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice describes privacy practices of Brinza Spine and Sport and affiliates, including any medical staff members, employees, volunteers, and health care professionals authorized to enter information into your health/medical records.

Our Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for your health care is considered Protected Health Information (“PHI”). We understand medical information about you and your health is personal and we are committed to protecting medical information about you. We are required by law to make sure your PHI is kept private and to give you this Notice about our legal duties and privacy practices. This Notice explains how, when and why we may use or disclose your PHI. In general, we must access, use or disclose only the minimum necessary PHI to accomplish the purpose of the access, use, or disclosure. We only use your health information (and allow others to have it) as permitted by federal and state laws.

We must follow the privacy practices described in this Notice, though **we reserve the right to change the terms of this Notice at any time**. We reserve the right to make new Notice provisions effective for all PHI we currently maintain or receive in the future. If we change this Notice, we will post a new Notice in the office reception areas and post it on our website at www.brinzaspine.com. Copies of the Notice currently in effect are available at the front desk of our offices.

How We May Use and Disclose Your Protected Health Information

We access, use, and disclose PHI for a variety of reasons. The following section offers more descriptions and examples of our potential access/uses/disclosures of your PHI. Other uses/disclosures not described in this Notice will be made only with your authorization.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations: Since we are an integrated clinic, we may share your PHI with designated caregivers outside our offices, for treatment, payment or operations purposes. Generally, we may use or disclose your PHI:

For treatment: Your PHI may be used or disclosed by Brinza Spine and Sport and others outside our offices who are involved in your care and treatment for the purpose of providing or coordinating healthcare to you.

To obtain payment: We may use or disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to Medicare, a private insurer or group health plan to get paid for services that we delivered to you.

For health care operations: We may use or disclose your PHI in the course of our operations. For example, we may use your PHI or your answers to a patient satisfaction survey in evaluating the quality of services provided by our offices or disclose your PHI to our auditors or attorneys for audit or legal purposes. We may also share PHI with health care provider licensing bodies like the Indiana State Department of Health.

We may use your PHI to tell you about appointments and other matters related to your care. We may contact you by email, telephone call/text, or by mail. We may use the telephone number you provided to leave voice messages or send text messages.

Uses and Disclosures Requiring Authorization: For other uses and disclosures not described in this Notice, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. You may revoke an authorization by notifying us in writing. If you revoke your authorization, we will stop using or disclosing your PHI for the purposes covered by your written authorization as of the date we receive your revocation. Your revocation will not apply to information already released. We cannot refuse to treat you if you do not sign an authorization to release PHI, **unless** services provided are solely to create health records for a third party, like physical exam.

You may revoke an authorization to use or disclose your PHI by submitting your request in writing except: (1) to the extent action has been taken in reliance on the authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage and the insurer is questioning a claim under the policy. Your written revocation must include the date of the authorization, the name of the person or organization authorized to receive the PHI, your signature and the date you signed the revocation. Written revocation must be addressed to: Brinza Spine and Sport, 16848 Southpark Dr. Suite 300, Westfield, IN 46074. Such revocation will not be effective until received by our offices.

Uses and Disclosures Not Requiring Authorization: The law allows us to use or disclose your PHI without your authorization in certain situations, including but not limited to:

When required by law: We may disclose PHI when a law requires or allows us to do so. For example, we may report information about suspected abuse and/or neglect, relating to suspected criminal activity, for FDA-regulated products or activities, or in response to a court order. We must also disclose PHI to authorities monitoring compliance with these privacy requirements.

To be a business associate: Certain services are provided to us through contracts with third party entities known as “business associates” that require access to your health information in order to provide such services. Examples include cloud service providers. We require these business associates to agree to protect your health information in compliance with all laws.

To avert a threat to health or safety: In order to avoid a serious and imminent threat to the health or safety of an individual or the public, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

Law enforcement: We may disclose PHI to a law enforcement official in circumstances such as: in response to a court order; or a crime that takes place at our facility.

Workers' compensation: We may disclose your PHI to your employer or your employer's insurance carrier for workers' compensation or similar programs that provide benefits for work-related illness or injuries.

Personal Representative: To a person who, under applicative law, has the authority to represent you in making decision related to your health care.

Uses and Disclosures Requiring You to Have an Opportunity to Object: In the following situations, we may use or disclose your PHI if we tell you about the use or disclosure in advance and you have the opportunity to agree to, prohibit, or restrict the use or disclosure, and you do not object. However, if there is an emergency situation and you cannot be given the opportunity to agree or object, we may use or disclose your PHI if it is consistent with any prior expressed wishes and the use or disclosure is determined to be in your best interests.

To families, friends or others involved in your care: We may share with your family, your friends or others involved in your care information directly related to their involvement in your care or payment for your care. We may also share PHI with these people to notify them about your location or general condition.

Safeguards: We are required to have appropriate safeguards in place to protect the privacy of your PHI to limit incidental uses or disclosures. Oral communication often must occur freely and quickly in treatment settings. Overheard communications in these settings may be unavoidable and are considered incidental disclosures. Incidental disclosures are permitted when reasonable safeguards are in place.

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your PHI:

To request restrictions on uses and disclosures: You have the right to ask that we limit how we use or disclose your PHI. You must make your request in writing. If you have paid in full for a service and have requested we not share PHI related to that service with a health plan, we must agree to that request. For any other request to limit how we use or disclose your PHI, we will consider your request, but are not required to agree to the restriction. To the extent we agree to any restrictions, we will put the agreement in writing and abide by it except in emergency situations. If agreed upon, these restrictions will only apply to the affiliates listed in the beginning of this Notice. You understand restrictions will not apply to disclosures already made. We cannot agree to limit uses or disclosures required by law.

To request confidential communication: You have the right to ask that we send you information at an alternative address or by an alternative means, such as contacting you only at work. You must make your request in writing. We must agree to your request if it is reasonably easy for us to do so.

To inspect and copy your PHI: You have the right to inspect and obtain an electronic or paper copy of your PHI. You must put your request in writing. If you want copies of your PHI, a reasonable, cost-based charge for copying may be imposed. If you request an electronic copy of your PHI that we maintain electronically, we will provide an electronic copy, and will do so in the electronic form or format you requested if the PHI is readily producible in that form or format. You have a right to

choose what portions of your information you want copied and to have information on the cost of copying in advance. We will respond to your request within 30 days. In limited circumstances, we may deny your request.

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released, except as listed below - this is called an accounting of disclosures. The list will **not** include any disclosures made: (a) more than six (6) years ago; (b) for treatment, payment or health care operations purposes; (c) that you authorized; (d) for national security purposes. Your request must be in writing. We will respond to your written request for such a list within sixty (60) days of receiving it. There will be no charge for the first list requested each year. There may be a charge for subsequent requests.

Right to receive notice of breach: We are required by law to maintain the privacy of your medical information, to provide you with notice of our legal duties and privacy practices with respect to your medical information and notify you following a breach of your unsecured medical information. We will give you written notice in the event we learn of any unauthorized use of your medical information that has not otherwise been properly secured as required by HIPAA. We will notify you without unreasonable delay but no later than sixty (60) days after the breach has been discovered.

To receive a paper copy of this Notice: You have a right to receive a paper copy of this Notice and/or an electronic copy by e-mail upon request. To obtain a copy of this Notice, contact us at 317-799-1023 or at info@brinzaspine.com