

# Irving Orthopedics & Sports Medicine Southwest Spine Institute

## NOTICE OF PRIVACY PRACTICES

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

### **Protecting your privacy**

Protecting your privacy and your medical information is at the core of our business. We recognize our obligation to keep your information secure and confidential whether on paper or the Internet. At IOSM (hereinafter referred to as “the practice”), privacy is one of our highest priorities.

### **Keeping your information**

Keeping the medical and health information we have about you secure is one of our most important responsibilities. We value your trust and will handle your information with care. Our employees access information about you only when necessary to provide treatment, verify eligibility, obtain authorization, process claims and otherwise meet your needs. We may also access information about you when considering a request from you or when exercising our rights under the law or any agreement with you.

We safeguard information during all business practices according to established security standards and procedures, and we continually assess new technology for protecting information. Our employees are trained to understand and comply with these information principles.

### **Working to meet your needs through information**

In the course of doing business, we collect and use various types of information, like name and address and claims information. We use this information to provide service to you, to process your claims, and to bring you health information that might be of interest to you.

### **Keeping information accurate**

Keeping your health information accurate and up-to-date is very important. If you believe the health information we have about you is incomplete, inaccurate, or not current, please call or write us at the telephone numbers or addresses listed below. We take appropriate action to correct any erroneous information as quickly as possible through a standard set of practices and procedures.

### **How – and why – information is shared**

We limit who receives information and what type of information is shared.

- *Sharing information within **the Practice**.* We share information within our company to deliver you the health care services and the related information and education programs specified in your plan.
- *Sharing information with companies that work for us.* To help us offer you our services, we may share information with companies that work for us, such as claim processing and mailing companies and companies that deliver health education and information directly to you. These companies act on our behalf and are obligated contractually to keep the information that we provide them confidential.

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- *Other.* Patient-specific personally identifiable data is released only when required to provide a service for you and only to those with a need to know, or with your consent. Data is released with the condition that the person receiving the data will not release it further, unless you give permission.

If we receive a subpoena or similar legal process demanding release of any information about you, we will attempt to notify you (unless we are prohibited from doing so). Except as required by law or as described above, we do not share information with other parties, including government agencies.

**The Practice** does not share any customer information with third-party marketers who offer their products and services to our patients.

### **Count on our commitment to your privacy**

You can count on us to keep you informed about how we protect your privacy and limit the sharing of information you provide to us – whether it's at our office, over the phone, or through the Internet.

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## **CONSENT AND ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE FORM INSTRUCTIONS**

A physician with a direct patient relationship with an individual is not required to obtain the consent of the patient prior to using protected health information (or disclosing it to third parties) for purposes of carrying out treatment, payment or health care operations. While the modifications to the final Privacy Rule reduced the necessity for a mandatory consent form, it provided for an acknowledgment of receipt of a Notice of Privacy Practices. This consent form accomplishes that purpose. A consent form should be signed prior during initial paperwork for each new patient and as soon as possible for existing patients.

This form does not require a witness; however, we recommend that the form be witnessed whenever possible as it may help prevent misunderstandings at a future date.

### **REFERENCE**

Policies & Procedures: Permitted Uses and Disclosures without Authorization  
Minimum Necessary Use and Disclosure of Protected Health Information  
Uses and Disclosures of PHI by and for Personal Representatives, Minors and Deceased  
Incidental Uses and Disclosures