



# TRINITY

## SPINE & ORTHO

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## NOTICE OF PRIVACY PRACTICES

Effective Date: 9/15/2012

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

If you have any questions about this notice, please contact the Practice Privacy Official by dialing the main practice number.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test result, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by the practice, whether made by practice personnel, agents of the practice, or your personal doctor.

**Our Responsibilities** We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice.

### Uses and Disclosures:

#### How we may use and disclose Health Information about you.

The following categories describe examples of the way we use and disclose health information:

**For Treatment:** We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other practice personnel who are involved in taking care of you at the practice. For example: a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the practice also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays.

We also provide your physician or a subsequent, healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this practice.

**For Payment:** We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party. For example: we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

**For Health Care Operations:** Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine health information about patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes, and we may combine health information we have with that of other facilities to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy.

We may also use and disclose health information:

To business associates we have contracted with to perform the agreed upon service and billing for it:

To remind you that you have an appointment for medical care:

To assess your satisfaction with our services:

To tell you about possible treatment alternatives:

To tell you about health-related benefits or services:

To contact you as part of fundraising efforts, unless you elect not to receive any such communications:

For population based activities relating to improving health or reducing care costs: and

For conducting training programs or reviewing competence of health care professionals.

When disclosing information, primarily appointment reminders and billing/collections effort, we may leave messages on your answering machine/voice mail.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include physician services in radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, business associates are required by federal law to appropriately safeguard your information.

**Individuals Involved in Your Care or Payment for Your Care:** We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research:** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research and granted a waiver of the authorization requirement.

**Affiliated Covered Entity:** Protected health information will be made available to practice personnel at local affiliated facilities as necessary to carry out treatment, payment and health care operations. Caregivers at other facilities may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment at this time. Please contact the Practice Privacy Official for further information on the sites included in this affiliated covered entity.

As required by law, we may also use and disclose health information for the following types of entities, including but not limited to:

Food and Drug Administration

Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability

Correctional Institutions

Workers Compensation Agents

Organ and Tissue Donation Organizations

Military Command Authorities

Health Oversight Agencies

Funeral Directors, Coroners and Medical Directors

National Security and Intelligence Agencies

Protective Services for the President and Others

**Law Enforcement/Legal Proceedings:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**State-Specific Requirements:** Many states have requirements for reporting including population-based activities relating to improving health or reducing health care cost. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

## **Your Health Information Rights**

**Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the practice will review your request that the denial be reviewed. Another licensed health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the practice. Any request for an amendment must be sent in writing to the Practice Privacy Official.

We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

**An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required.

**Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for the treatment, payment or health care operations. You also have the right to request a lift on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Any request for a restriction must be sent in writing to the Practice Privacy Official.

We are required to agree to your request only if 1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (and not treatment purposes), and 2) your information pertains solely to health care services for which you have paid in full. For other request, we are not required to agree. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example: you may ask that we contact you at work instead of your home. The practice will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the practice and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

**A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may request a copy of this notice at any time.

To exercise any of your rights, please contact the Privacy Official in writing.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be available in the practice and on our website and include the effective date.