ou may be used and disclosed and how you can get coess to this information. Please review it carefully!

North Colorado Spine & Orthopaedics is permitted by ederal privacy laws to make uses and disclosures of rour health information for purposes of treatment, ayment, and health care operations. Protected health nformation is the information we create and obtain in roviding our services to you. Such information may nelude documenting your symptoms, examination, and est results, diagnoses, treatment, and applying for future are or treatment. It also includes billing documents for hose services.

Examples of Uses of Your Health Information for Freatment Purposes are:

- A nurse obtains treatment information about you and records it in a health record.
- During the course of your treatment, the physician determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.
- Results of laboratory tests and procedures will be available in your medical records to all health professionals.
- Our staff to send you appointment reminders will use your health information.
- Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest.

Examples of Use of Your Health Information for Payment Purposes:

We submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests and receives information on dates of services, the medical care given and the medical condition being treated.

Examples of Use of Your Information for Health Care Operations:

We obtain services from our insurers or other business associates such as quality assessments, quality improvements, outcome evaluations, protocol and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with

- to obtain these services.
- Information on the services you received may be used to support budgeting and financial reports, and activities to evaluate and promote quality.

Your Health Information Rights

The health and billing records we maintain are the physical property of the office. The information in it, however, belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures
 of your health information by delivering the request to
 our office we are not required to grant the request,
 but we will comply with any request granted;
- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office;
- Request that you be allowed to inspect and copy your health record and billing record – you may exercise this right by delivering a request to our office;
- Appeal a denial of access to your protected health information, except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our office. We may deny your request if you ask us to amend information that:
- Was not created by us, unless the person or entity that created the information is no longer available to make that amendment:
- Is not part of the health information kept by or for the office;
- Is not part of the information that you would be permitted to inspect or copy; or,
- Is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

• Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to our office. An accounting will not include uses and disclosures of information for treatment, payment, or operation; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in a facility directory or to a family member or friends relevant to that person's involvement in your care or in payment for

- condition, or your death.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our office, except to the extent information or action has already been taken.

If you want to exercise any of the above rights, please contact the Privacy Officer at (970)353-5959 at 1624 17th Avenue, Greeley, CO 80631 in person or in writing, during regular business hours. He/she will inform you of the steps that need to be taken to exercise your rights.

Our Responsibilities

The office is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of our information, you may contact:

Privacy Officer North Colorado Spine & Orthopaedics 6200 W 9th Street Greeley, CO 80634

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to:

Duistant Offican

6200 W 9th Street Greeley, CO 80634

You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services, whose street address is: Office for Civil Rights – U.S. Department of Health and Human Services – 200 Independence Avenue S.W. – Room 509F, HHH Building – Washington, D.C. 20201.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office/hospital.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human services.

Communication with Family

Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or are in an emergency.

Notification

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care. We may also notify them of your general condition, your location or your death.

Research

We may disclose your information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information has approved their research.

Disaster Relief

We may use and disclose your protected health information to assist in disaster relief efforts.

Organ Procurement Organizations

Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Food and Drug Administration (FDA)

We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacements.

Workers Compensation

If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with the laws relating to Workers Compensation.

Public Health

As authorized by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contacting or spreading a

Abuse & Neglect

 We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Employers

• We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided whether to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of the information to your employer.

Correctional Institution

• If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement

 We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.

Health Oversight

 Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings

• We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with our authorization, or as directed by a proper court order.

Serious Threat

• To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious imminent threat to the health or safety of a person or the public.

For Specialized Governmental Functions

• We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program

Coroners, Medical Examiners, and Funeral Directors

 We may release health information to a coroner or medical examiner. This may be necessary, for example to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary for them to carry out their duties.

Fund Raising

• We may contact you as part of a fundraising effort. We may disclose health information to a foundation related to us so that the foundation may contact you in raising money for a specific cause such as breast cancer. We only would release contact information, such as your name, address, and phone number, and the dates your received treatment or services at our office/hospital. If you do not want us to contact you for fundraising efforts, you must notify our office in writing.

Other Uses

 Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice under "You Health Information Rights."

North Colorado Spine & Orthopaedics

6200 W 9th Street Greeley, CO 80634 (970) 353-5959

Notice of Privacy Practices for Protected Health Information Effective Date: August 1, 2007