



# Specialists in Spine Surgery

Miles L. Singer, DO, FACOS, FAOAO  
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**EFFECTIVE APRIL 14, 2003**

## **NOTICE OF HEALTH INFORMATION PRACTICES**

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

### **Introduction:**

At Miles L Singer, DO, PLLC we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003 and is being provided to you in accordance with the Health Insurance Portability and Accountability Act of 1966 (HIPAA) and applies to all protected health information as defined by federal regulations.

### **Understanding Your Health Record/Information**

Each time you visit Miles L Singer, DO, PLLC a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, any medications and a plan for future care or treatment. This information is often referred to as your health or medical record serves as a:

- Basis for planning your care and treatment
- Obtaining payment for treatment
- Means of communication among the many health care professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health care professionals
- A source of data for medical records
- A source for information for public health care officials charged with improving the health of this state and nation
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve. Your health record or medical record may also serve as a source of data for our planning and marketing, but you have certain rights, as described below, with respect to the use and disclosure of you record for this purpose.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make informed decisions when authorizing disclosure to others.

### **Your Health Information Rights**



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Although your health record is the physical property of Miles L Singer, DO, PLLC, the information belongs to you.

You have the right to:

- Obtain a paper copy of this notice of information practices upon request. If you request copies we will charge you \$0.25 for each page. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than, treatment, payment or related administrative purposes.
- Grant or deny written authorization for certain uses and disclosures of your health record, as provided for in 45 CFR 164.508. These uses and disclosures are other than the ones highlighted by bullet points.
- Inspect and copy your health record as provided for in 45 CFR 164.524 which sets forth the exceptions to your right to inspect and copy your record.
- Obtain an accounting of disclosures of non-routine uses and disclosures other than for treatment, payment, and health care operations as your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your health information as provided by 45 CFR 164.522. The right to request a restriction does not extend to uses to uses or disclosures permitted or required under HIPAA as provided in 45 CFR 164.502, 164.510 and 164.512.
- Revoke any authorization you have given to Miles L. Singer, DO, PLLC or disclose health information, except to the extent that action has already been taken as provided for in 45 CFR 164.508.

## Our Responsibilities

Miles L Singer, DO, PLLC is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction. Provide you with review of a decision denying you access to your health record as provided for in 45 CFR 164.524. Grant or deny your request to amend your health record. If the request or an amendment is denied, Michigan Neurosurgical Specialists, PLLC must provide you with a timely written denial as provided for in 45 CFR 164.526.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations, if you clearly state that the disclosure of all or part of that information could endanger you as provided for in 45 CFR 164.522

• Miles L Singer, DO, PLLC is not required to:



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- Agree to restriction that you request on the uses and disclosure of your health information
- Grant you access to your health record if any of the exceptions provided for in 45 CFR 164.524 apply.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change we will post a revised notice in our office and upon request you may obtain a written copy.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization as provided for in 45 CFR 164.524 apply.

If you have any questions and would like additional information, you may contact the practice's Privacy Officer, at (248) 926-1960.

You may request an amendment to your healthcare information only if you believe it to be incorrect or incomplete. To do so you must submit in writing a reason, that supports your request. Any request not submitted in writing with a *valid* reason will be denied. Opinion is not a valid reason.

If you believe your privacy rights under HIPAA have been violated, you can file a complaint with our Privacy Officer, or with the Office of Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office of Civil Rights.

## Examples of Disclosures for Treatment, Payment and Health Operations

*We will use your health information for treatment.*

**For Example:** Information obtained by a medical assistant, physician, resident, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your primary physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you.

*We will use your health information for payment.*



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**For example:** A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

*We will use your health information for regular health operations.*

**For example:** Members of the medical staff may use information in your health record to assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

*Business Associates:* there are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and 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 associated so that they can perform a job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*Notification:* We may use or disclose information to notify or assist a family member, personal representative, or another person responsible for your care, your location, you general condition.

*Communication with Family:* Health professionals using their best judgment 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 payment related to your care.

*Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. Prior to any research we will contact you personally and request a written authorization.

*Appointment Reminders/Personal Messages:* We may contact you to provide appointment reminders. We have an automated service as well as personal contacts from Miles L Singer, DO, PLLC that may contact you with voicemail messages, appointment changes, prescription renewals, and any health care related treatment as well any billing and insurance issues.



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*Workers Compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Public Health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Correctional Institution:* Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

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

*Electronic Notice:* If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this notice in written form.

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Please print, sign and date below to confirm that you have received our Notice of Health Information Practices.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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