



DR. JAMES B. YOUNG

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. EFFECTIVE: 04/14/2003

Dr. James B. Young uses and shares protected health information about you to provide your health care needs. We use and share your information to carry out treatment and payments. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private.

WHAT IS PERSONAL INFORMATION?

We treat any information that is identifiable to you as your personal information, whether or not it may be otherwise available to the public. We collect personal information related to your:

- Health condition, including health care treatment and payment.
- Identity, such as your name, age, or address.
- Insurance information

WHY DO WE COLLECT YOUR PERSONAL INFORMATION?

We collect your personal information from you to help us:

- Determine the appropriate products to offer you
- Pay claims
- Provide quality improvement services.
- Send birthday, holiday and/or miscellaneous cards. Schedule appointments or remind you of appointments. Send informational letter in the mail inviting you to a spinal care class or patient appreciation day. Display in our office your photo on a patient appreciation board and/or personal testimonial you may write.

HOW DO WE COLLECT YOUR PERSONAL INFORMATION?

We collect your personal information through you and your insurance company. For example, we receive personal information from you on your new patient information sheet and through insurance transactions, such as the submission for a claim for reimbursement of covered services.

SHARING YOUR HEALTH INFORMATION

We will not disclose your personal information unless we are allowed or required by law to make the disclosure, or if you give us permission. Following are some examples of disclosures we may make as allowed or required by law:

- To service companies that perform insurance functions on our behalf, such as a third party administrators, insurance agents, auditors, and billing companies.
- To an insurance regulatory authority

We will not disclose your personal information to any non-affiliated company for that company's marketing purposes.

There are limited situations when we are permitted or required to disclose health information without your signed authorization.

- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law.
- To protect victims of abuse, neglect, or domestic violence.

(HIPAA PG 2)

- For health oversight activities such as investigations, audits, and inspections.
- For lawsuits and similar proceedings.
- When otherwise required by law.
- For workers' compensations or other similar programs if you are injured at work.
- For specialized government functions such as intelligence and national security.

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

YOUR INDIVIDUAL RIGHTS

You have the right to:

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction.
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and copy your health information, including medical and billing records. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial in writing.
- Request corrections or additions to your health information.
- You may revoke your consent to our privacy practice policy at any time. However, this must be in writing. We will not be able to honor your request to revoke your authorization if we have already released your health information before we received your request.

OUR PRIVACY RESPONSIBILITIES

We protect your personal information by:

- Treating all of your personal information that we collect as confidential.
- Stating confidentially policies and practices as stated in this letter.
- Follow the terms of the notice currently in effect.
- Disclosing only your personal information that is necessary for a service company to perform its function on our behalf, and only when the company agrees to protect and maintain the confidentiality of your personal information.
- Maintaining physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your personal information.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. We will inform you of changes as required by law.

I give permission for _____ to access my personal health information

I have read this form and understand its contents. I can request a of a copy of this document.

Patients Name (Print)

Patient/Patient Representative Signature

Date

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