

Notice of Privacy Practices

Aspen Spine & Pain Center

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

Effective Date: December 8, 2015

If you have any questions about this notice, please contact our privacy officer:

Kristin Miles

890 Mill Street, Ste. 102

Reno, NV 89502

775-324-6300

About This Notice and Our Pledge

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a medical record of the care and services you receive and/or requested by Dr. Miles, Aspen Spine and Pain Center and contracted surgery centers where Dr. Miles has contracted privileges. We are required by law to ensure medical information that identifies you is kept private, provide you with this Notice explaining how we may use and disclose medical information about you, and to abide by the terms of the Notice that is currently in effect. This Notice will also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We reserve the right to revise this Notice at any time.

How We May Use and Disclose Your Protected Health Information

The following categories describe the different ways that we may use and disclose your personal medical information. Examples for each category will be provided, but they are not intended to be a complete list of all possible uses or disclosures.

For Treatment. We may use or disclose your Protected Health Information to give you medical treatment or services and to manage and coordinate your medical care. For example, your Protected Health Information may be provided to a physician, laboratory, Pharmacy, Imaging Center, medical student, or other health care providers to whom you have been referred by or referred to ensure the physician or other health care providers have the necessary information to diagnose, treat or provide you with a medical service. We may also provide your insurance company, attorney, with whom you have an authorized lien in effect, or worker compensation agent with necessary documentation in order to obtain authorization for medical services provided to you or to assist in administering a claim.

For Payment. We may use and disclose your Protected Health Information about the medical treatment or services you receive from Dr. Miles so we may bill and collect payment from you, an insurance carrier or third party. For example, we may provide your health insurance carrier or third party with information about your treatment in order for your health plan to agree to pay for treatment. We may also provide your attorney, to whom you have a lien in effect, with your treatment records in order to obtain payment. This use and disclosure may include certain activities prior to medical treatment or services being received. For example, we may verify your insurance or third party for eligibility of coverage and benefits and to determine if medical services provided to you are medically necessary.

For Health Care Operations. We may use and disclose your Protected Health Information for our health care operations. These uses and disclosures are necessary to operate Aspen Spine and Pain Center and to ensure that all of our patients receive quality care. For example, we may use your Protected Health Information to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We may also disclose information to physicians, nurses, medical assistants, medical students and other authorized personnel for educational and learning purposes.

Appointment Reminders/Treatment Alternatives/Health Related Services. We may use and disclose your Protected Health Information to contact you as a reminder that you have an appointment for treatment or medical care, or to inform and discuss possible treatment options, alternative treatments, therapies, or other health related services that may be of interest to you. We may also contact you to discuss test results or other medical information that pertains to you. We may also leave a message regarding an upcoming appointment or to request a returned call to our office on a recording machine or with a third party.

Minors/Guardians/Translators. We may disclose your Protected Health Information of minor children to their parent or guardians, unless such disclosure is otherwise prohibited by law. We may also disclose your medical information to an authorized guardian or translator, in order to provide treatment, services and to discuss a patient's care.

Individuals Involved in Your Care or Payment for Your Care. Unless you object in writing, we may release your Protected Health Information to a relative, friend or other person involved in your medical care and/or to someone who helps pay for your care. We may also tell your family or friends about an urgent or emergency condition. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We will disclose Protected Health Information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

Fundraising Activities and Marketing. We will not disclose your Protected Health Information for any fundraising activity or marketing. These disclosures will be made only with your written authorization.

Business Associates. We may disclose your Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. For example, we may use another company to do our billing, transcription services or consulting for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information.

Military and Veterans. If you are a member of the armed forces, we may release your Protected Health Information as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose Protected Health Information to the correctional institution or law enforcement official if the disclosure is necessary, (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others or (3) the safety and security of the correctional institution.

Public Interest and Benefit Activities. The Privacy Rule permits use and disclosure of Protected Health Information, without an individual's authorization or permission for 12 national priority purposes.

As Required By Law. We will disclose your Protected Health Information when required to so by federal, state or local law.

Public Health Risk. We may use and disclose your Protected Health Information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- A person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of a FDA-regulated product of activity
- To report deaths
- To report the abuse or neglect of children, elders and dependent adults
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify f person who may have been exposed to a disease or may be at risk for contracting or spreading a **disease or condition**

Abuse, Neglect or Domestic Violence. We may disclose your Protected Health Information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.

Health Oversight Activities. WE may use and disclose your Protected Health Information for to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your Protected Health Information in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to you about the request(which may include written or verbal notice to you) or to obtain an order protecting the information requested.

Law Enforcement. We may disclose your Protected Health Information, so long as applicable legal requirements are met, and it disclosure is for law enforcement purposes. For example, we may disclose information to respond to court order, subpoena, warrant or to identify or locate a suspect, fugitive, or material witness or missing person.

Coroners, Medical Examiners and Funeral Directors. We may disclose Protected Health Information to a coroner, medical examiner or funeral director so that they can carry out their duties. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Organ and Tissue Donation. If you are an organ or tissue donor, we may use or disclose your Protected Health Information to organizations that handle organ procurement or transplantation, as necessary to facilitate organ or tissue donation and transplantation.

Research. We may use and disclose your Protected Health Information for research purposes, but we will only do that if the research has been specially approved by an authorized Institutional Review Board or a Privacy Board that has reviewed the research proposal and has set up protocols to ensure the privacy of your Protected Health Information. Even without that special approval, we may permit researchers to look at Protected Health Information to help them prepare for research, for example, to allow them to identify patients who may be included in the research project, as long as they do not remove, or take a copy of, any Protected Health Information. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to, (1) use the data set only for the purposes for which it was provided (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.

To Avert a Serious Threat to Health or Safety. We may use and disclose your Protected Health Information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Military Activity and National Security. If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your Protected Health Information to authorized officials so they may carry out their legal duties under the law.

Workers' Compensation. We may release your Protected Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Your Rights Regarding Your Protected Health Information. You have the following rights regarding medical information we maintain about you.

Right to Inspect and Copy. You have the right to inspect and copy your medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include psychotherapy notes, information compiled for legal proceedings or laboratory results to which the Clinical Laboratory Improvement Act (CLIA) prohibits access.. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Aspen Spine & Pain Center and allow up to 30 days for our office to comply with your request. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional., who was not directly involved in the denial of your request and we will comply with the outcome of the review.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Request Amendments. If you feel that the Protected Health Information we have 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 us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the beginning of this Notice and it must tell us the reason for your request. If we deny your request for an amendment, you have the right to file a statement or disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations, and those

functions as described above. To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period and indicate in what form you want the list. The first list you request within a 12-month period will be free. For additional requests within the same period, we may charge you for the costs of providing the list. We will notify you what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Protected Health Information we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the Protected 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. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to our Privacy Officer at the address listed at the beginning of this notice.

Out-of-Pocket Payments. If you paid out-of-pocket in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations.

Right to 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 or by mail at a specific address. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for the request.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Other Uses of Protected Health Information. Other uses and disclosures of Protected Health Information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose medical information about you by signing an authorization, you may revoke that permission, in writing, at any time. If you revoke your permission, we will not longer use or disclose medical information about you for the reasons covered by your written permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records, for the duration required by law, of the care that we provided to you.

Changes to This Notice. We reserve the right to change this Notice at any time. We reserve the right to make the changed Notice effective for Protected Health Information we already have as well as for any Protected Health Information we create or receive in the future. A copy of our current Notice is posted in our office and on our website.

Complaints. You may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with us, contact our Privacy Officer at the address listed at the beginning of this Notice. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

To obtain instructions on how to file a complaint or to file a complaint with the Office for Civil Rights at the Secretary of the U.S. Department of Health and Human Services, call (800)388-1019 or refer to www.hhs.gov/ocr/privacy/hipaa/complaints. There will be no retaliation against you for filing a complaint. Visit hhs.gov website for the complete Privacy Policies per federal regulation.