



*Your Information.
Your Rights.
Our Responsibilities.*

HIPAA Notice of Privacy 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 it carefully.**

WHEN YOU VISIT ONE OF OUR OFFICES FOR AN APPOINTMENT, YOU WILL BE ASKED TO ACKNOWLEDGE THAT YOU HAVE RECEIVED OUR NOTICE OF PRIVACY PRACTICES.

We understand that information about you and your health is very personal. Therefore, we strive to protect your privacy as required by law. We will only use and disclose your personal health information as allowed by law. We are committed to excellence in the provision of state-of-the-art health care services through the practice of patient care, education, and research. We train our staff and work force to be sensitive about privacy and to respect the confidentiality of your personal health information.

We are required by law to maintain the privacy of our patients' personal health information and to provide you with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice ("Notice") so long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new notice effective for all personal health information maintained by us. You may receive a copy of any revised notice at any of our healthcare facilities.

The terms of this Notice apply to Main Line Spine, consisting of our medical offices and surgery center, and the physicians, licensed professionals, and employees seeing and treating patients at each of these care settings.

If you have questions regarding the coverage of this Notice, or if you would like to obtain a copy of this Notice, please contact Main Line Spine's privacy officer as described below.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- Generally, you have the right to access, inspect, and/or receive paper and/or electronic copies of certain medical records and other personal health information we maintain about you.
 - Requests for access must be made in writing to our privacy officer and be signed by you or, when applicable, your personal representative. We may charge a reasonable, cost-based fee based on labor and supplies for a copy of your medical records.
 - Your written request must:
 - (1) describe the personal health information to which access is requested,
 - (2) state how you want to access the personal health information, such as inspection, pick-up a copy, mailing of a copy,
 - (3) specify your requested form or format, such as paper copy or digital format, and
 - (4) include the mailing address, or email address where the personal health information should be sent, as applicable.
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Ask us to correct your medical records

- You have the right to request that the personal health information we maintain about you be amended or corrected.
 - We are not obligated to make all requested changes but will give each request careful consideration.
 - Requests for medical record changes must be made in writing to our privacy officer and signed by you or, when applicable, your personal representative. The request must specify each change requested and state the reasons for each amendment/correction request.
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Request confidential communications

- You have the right to request communications regarding your health from us by alternative means or at alternative locations (for example, different phone number or different address).
 - We will accommodate reasonable requests by you, but we are not required to agree to requests that are unreasonable.
 - You, or when applicable, your personal representative must request such confidential communication in writing to our privacy officer. The request must tell us how and where you alternatively want to be contacted. In addition, if another individual or entity is responsible for payment, your request must explain how payment will be handled.
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Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - We will make sure the person has this authority before we take any action.
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Ask us to limit what we use or share about your health information

- You have the right to request restrictions on certain uses and disclosures of your health information for treatment, payment, or health care operations. We are not required to agree to your restriction request, unless otherwise described in this notice, but will attempt to accommodate reasonable requests when appropriate.
- We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event we have terminated an agreed upon restriction, we will notify you of such termination.
- Such requests must be made in writing to our privacy officer and signed by you or, when applicable, your personal representative. The request must tell us:
 - (1) what information you want restricted,
 - (2) how you want that information restricted, and
 - (3) to whom you want the restriction to apply.

Ask us to restrict disclosures to health plans

- You have the right to request a restriction on certain disclosures of your health information to your health plan.
- We are required to honor such requests for restrictions only when you or someone on your behalf, other than your health plan, pays for the health care item(s) or service(s) in full.
- Such requests must be made in writing to our privacy officer and signed by you or, when applicable, your personal representative.

Get a list of those with whom we've shared information

- You have the right to receive a list ("an accounting") of the times we've shared your health information (or was shared by a business associate of us), except for disclosures made for purposes of treatment, payment, and health care operations or for certain other limited exceptions. This accounting will include only those disclosures made in the six years prior to the date on which you request for the accounting.
- We'll provide the first accounting in any 12-month period for free but will charge a reasonable, cost-based fee for each subsequent accounting you request within a 12-month period.
- Requests for an accounting must be made in writing to our privacy officer and signed by you or, when applicable, your personal representative. Your request should designate the time period for which you would like an accounting.

Get a copy of this privacy notice

- As a patient, you have the right to obtain a paper copy of this Notice.

Breach notification

- You have the right to receive timely written notification of any breach of your unsecured personal health information without unreasonable delay. A breach is generally known as any disclosure of unsecured unprotected personal health information not permitted by this notice.
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Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treatment	<ul style="list-style-type: none">• We use and disclose your personal health information as necessary for your treatment.	<i>For example</i> , doctors, nurses, and other professionals involved in your care – within and outside of Main Line Spine – may use information in your medical record that may include procedures, medications, tests, etc. to plan a course of treatment for you.
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Payment	<ul style="list-style-type: none">• We use and disclose your personal health information as necessary for payment purposes.	<i>For example</i> , we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you. Also, we may use your information to prepare a bill to send to you or to the person responsible for your payment.
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Health care operations	<ul style="list-style-type: none">• We use and disclose your personal health information for Main Line Spine's health care operations, as well as with certain health care operations of other health care providers and health plans.	<i>For example</i> , we may use your personal health information to conduct an evaluation of the treatment and services we provide, or to coordinate with other medical providers who are not part of our practice.
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How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

The following categories describe other ways we may use or disclose your personal health information without your consent or authorization.

Help with public health and safety issues	<ul style="list-style-type: none">• We may share health information about you for certain situations such as:<ul style="list-style-type: none">- Required reporting of disease, and required public health investigations- Helping with product recalls- Reporting adverse reactions to medications- In emergency circumstances, preventing or reducing a serious threat to anyone's health or safety
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Appointments and services	<ul style="list-style-type: none">• We may use your personal health information to remind you about appointments or to follow up on your visit.
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Comply with the law	<ul style="list-style-type: none"> ● We will share information about you if state or federal laws require it, as well as with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
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Respond to lawsuits and legal actions	<ul style="list-style-type: none"> ● We may share health information about you in response to a court or administrative order, or in response to a subpoena.
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Address workers' compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> ● We may use or share information about you: <ul style="list-style-type: none"> - For workers' compensation claims - For law enforcement or with a law enforcement official - With health oversight agencies for activities authorized by law - For special government functions such as military, national security, and presidential protective services
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Notify persons involved in your care	<ul style="list-style-type: none"> ● Unless you object, we may, in our professional judgment, disclose to a member of your family, a close friend, or any person you identify, your personal health information, to facilitate that person's involvement in caring for you or in payment for your care. We may use or disclose your personal health information to assist in notifying a family member, personal representative, or any person responsible for your care of your location and general condition. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts to locate a family member or other persons who may be involved in some aspect of caring for you.
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Do research	<ul style="list-style-type: none"> ● We may use or share your information for health research, subject to your explicit authorization.
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Health products and services	<ul style="list-style-type: none"> ● We may, from time to time, use your personal health information to communicate with you about treatment alternatives and other health-related benefits and services that may be of interest to you.
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Business associates	<ul style="list-style-type: none"> ● We may contract with certain outside persons or organizations to perform services on our behalf, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide your personal health information to one or more of these outside persons or organizations. In such cases, we require these business associates, and any of their subcontractors, to appropriately safeguard the privacy of your information.
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To certain government agencies	<ul style="list-style-type: none"> ● We are required to report to certain government agencies if we suspect child abuse or neglect, or if we believe you to be a victim of abuse, neglect, or domestic violence.
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To your employer related to occupational health and safety	<ul style="list-style-type: none"> ● When we have provided healthcare to you at the request of your employer or purposes related to occupational health and safety. In most cases you will receive notice that your personal health information is being disclosed to your employer.
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Work with a medical examiner or funeral director

- We may share health information with a coroner, medical examiner, or funeral director.

Incidental disclosures

- We may disclose protected health information as a by-product of an otherwise permitted use or disclosure. For example, other patients may overhear your name being paged in a waiting room.
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Your Choices

Your authorization. Except as outlined in this notice, we will not use or disclose your personal health information for any other purpose unless you have provided a written authorization to us authorizing the use or disclosure. That authorization must be addressed to our privacy officer and describe what information should be disclosed, to whom, for what purpose, and when.

You can revoke your disclosure authorization that you provide to us at any time except to the extent that we have relied on the authorization.

Additional Information

Legal Effect of This Notice. This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.

Complaints. If you believe your privacy rights have been violated, you may file a complaint in writing to Main Line Spine's Privacy Officer at the address listed below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, DC. All complaints must be made in writing and in no way will affect the quality of care you receive from us.

For Further Information. If you have questions or need further assistance regarding this Notice, you may contact Main Line Spine's Privacy Officer using the following contact information:

Address: Main Line Spine
Attn: Karen Adams, Privacy Officer
700 South Henderson Road, Ste 308C
King of Prussia, PA 19406

Telephone: 610-337-3111
Fax: 610-337-3506
Email: mls@mainlinespine.com

This Notice is effective August 1, 2021