

**SCOLIOSIS ASSOCIATES
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NOTICE OF OUR PRIVACY POLICY

{4-14-03}

To our patients:

This notice describes how medical information about you may be used and disclosed in the course of your treatment and how you may obtain access to this information.

We at Scoliosis Associates want you to know that we value you as a patient and take your personal privacy seriously. We recognize the importance of privacy. Federal law formalizes practices that are followed routinely.

Background: In 1996, Congress recognized the need for national patient privacy standards and as part of the Health Insurance Portability and Accountability Act, abbreviated as HIPAA, ordered that a set of rules be established to control how health information is used and disclosed, as maintained by doctors, hospitals, and health plans. Health information is considered sensitive and personal, and the law establishes consumer protection and limits sharing of such information.

- By the law, consent is not required to discuss your medical treatment with your doctors or other health care providers. This allows, also, for a prescription to be called into your pharmacy and for scheduling of surgery in a hospital.
- Additionally, consent is not needed in the course of carrying out health care operations, such as quality assessment, communicating with your insurance carrier for payment related issues, or for incidental uses, such as announcing a name in a waiting room or the use of sign-in-sheets.
- However, this office has always gone one step further in protecting you and does not believe in releasing specific information about you to any business or governmental entity without your written consent.
- Specific authorization is required to disclose protected information in a non-routine circumstance, such as to your employer or for use in marketing a product to you.
- Medical information about you may be released for research and public health uses, as long as you are not individually identified.
- You are guaranteed access to review your medical records, and you may amend the record if you believe it to be incomplete or inaccurate.
- You have a right to review when and to whom your information was released.
- You may suggest additional restrictions with regard to certain uses and disclosures, if you wish.
- Portions of this notice may be modified, as long as you are notified.
- The law requires that you acknowledge receipt of this notice.

Additionally, we restrict access to your information to employees who need to know that information in order to provide care or to bill for services rendered. Our employees have agreed to be bound by a promise of confidentiality in order to protect your personal information. They are subject to disciplinary action if they violate that promise.

Finally, we maintain physical, electronic, and procedural safeguards that comply with federal and state standards to guard patient information.