

PRINCETON SPINE AND JOINT CENTER

Patient Privacy Policy

Information regarding how your medical records may be used, disclosed and how you may obtain access to records.

We are obliged under the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices when requested.

Federal law allows us to use your protected health information for your treatment without further notice to you and without further written authorization by you. For example, when forwarding labwork to your referring physician.

Federal law allows us to use or disclose your medical information to obtain:

- Payment for our services (submitting your diagnosis to your insurance carrier)
- Health care operations (audits by our accountants)
- Requests by public health agencies (Department of Health)
- Requests by law (enforcement, judicial or administrative proceedings)

You have the right to:

- Request restrictions on certain uses or disclosures described above. However, we are not required to agree to such restrictions.
- Obtain copies of your medical information.
- Request an accounting of any disclosures we make of your medical information with the exception of disclosures we make to you or in order to carry out treatment, payment or health care operations.

We may contact you by mail or telephone to remind you of appointments or to provide information about treatment. **Unless you instruct us otherwise, we may leave a message for you on any answering device or with any person who answers the phone at your residence. If you have a preference of contact number(s) used, please indicate below:**

() Home _____ () Cell _____

**** The individuals listed below have my permission to speak to the physician(s) or staff regarding my treatment, appointments or billing issues.**

Name(s)/relationship to me

Name of medical provider who may receive information, who may be my primary care provider, or the specialist I may be referred to by Princeton Spine and Joint Center.

My signature below indicates I have read this Patient Privacy Policy.

Signature

Printed name

Date