



SPINAL HEALTH GROUP

Caring is the heart of our commitment

HIPAA (Health Insurance Portability and Accountability Act) is a federal law that requires that we provide detailed notice of our privacy practices and policies. HIPAA requires that healthcare organizations protect the privacy of health information that can be used to identify a patient. This information is referred to as “protected health information” and shall now be referred to as “PHI.”

By law, we shall do our best to maintain the privacy of PHI for our patients. However, in order to conduct our business and to serve you, we may need to disclose your information to other healthcare providers and services. For example, we may need to discuss your case with other physicians, disclose your information to laboratory and radiology services. Also, in certain situations as required by the law, your PHI may be disclosed to the CDC or the health department.

Billing: Billing insurance companies to receive payment for services rendered to our patients. To carry out this service, we may use and disclose your PHI to your insurance health plans. For your information, this office utilizes both a paper and electronic claims systems.

We will do our best to maintain our patients’ privacy and to protect the confidentiality of our patients’ records. All employees are instructed not to discuss patients’ information outside of the medical office. The access to our record room is locked after business hours. All our computers are accessed via passwords that are disclosed to only our employees.

We will ask that you fill out a form to help us identify how to communicate with you. You can advise us of the telephone numbers that we can contact you and leave message for you. Also, you can identify for us your relatives/friends that we can disclose your PHI to. Please help us maintain your PHI privacy by keeping this information up-to-date. Also, by signing an “authorization to release medical records,” you automatically give us permission to release your records to another physician, insurance companies, lawyers, etc.

We will attempt to do our best to seek your consent prior to the release of your PHI/medical information. However, in the even of a medical emergency, your PHI may be release without your consent at our physician’s discretion.

Please direct any questions to Dr. Hoi “Peter” T. Huynh and /or our staff. Please sign and date below indicating that you have reviewed this notice.

Signed _____ Date: _____