

OXFORD SPINE & SPORTS

1211 Office Park Drive*Oxford, MS 38655

662-236-2295

www.oxfordspineandsports.com

Notice of Privacy Practices

WORKERS COMPENSATION - WE MAY DISCLOSE YOUR PHI TO THE EXTENT NECESSARY TO COMPLY WITH WORKERS COMPENSATION AND SIMILAR LAWS THAT PROVIDE BENEFITS FOR WORK RELATED INJURIES OR ILLNESS WITHOUT REGARD TO FAULT

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES - THE PRACTICE MAY DISCLOSE YOUR PHI IN ORDER TO PROVIDE AUTHORIZED GOVERNMENTAL OFFICIALS WITH NECESSARY INTELLIGENCE INFORMATION FOR NATIONAL SECURITY ACTIVITIES AND PURPOSES AUTHORIZED BY LAW MILITARY AND VETERANS-IF YOU ARE A MEMBER OF THE ARMED FORCES, THE PRACTICE MAY DISCLOSE YOUR PHI AS REQUIRED BY THE MILITARY COMMAND AUTHORITIES

DISASTER RELIEF - WE ALSO MAY USE OR DISCLOSE YOUR PHI TO AN AUTHORIZED PUBLIC OR PRIVATE ENTITY TO ASSIST IN DISASTER RELIEF EFFORTS. THIS WILL BE DONE TO COORDINATE INFORMATION WITH RELIEF ORGANIZATIONS IN NOTIFYING A FAMILY MEMBER, OTHER RELATIVE, CLOSE FRIEND OR OTHER INDIVIDUAL OF YOUR LOCATION AND GENERAL CONDITION

FUNDRAISING - WE MAY CONTACT YOU WITH RESPECT TO FUNDRAISING CAMPAIGNS. IF YOU DO NOT WISH TO BE CONTACTED FOR FUNDRAISING CAMPAIGNS, PLEASE NOTIFY OUR PRIVACY OFFICER IN WRITING

FAMILY/FRIENDS

THE PRACTICE MAY DISCLOSE TO YOUR FAMILY MEMBER, OTHER RELATIVE, A CLOSE PERSONAL FRIEND, OR ANY OTHER PERSON IDENTIFIED BY YOU, YOUR PHI DIRECTLY RELEVANT TO SUCH PERSON'S INVOLVEMENT WITH YOUR CARE OR THE PAYMENT FOR YOUR CARE. THE PRACTICE MAY ALSO USE OR DISCLOSE YOU PHI TO NOTIFY OR ASSIST IN THE NOTIFICATION (INCLUDING IDENTIFYING OR LOCATING) A FAMILY MEMBER, PERSONAL REPRESENTATIVE, OR ANOTHER PERSON RESPONSIBLE FOR YOUR CARE, OF YOUR LOCATION, GENERAL CONDITION OR DEATH. HOWEVER, IN BOTH CASES, THE FOLLOWING CONDITIONS WILL APPLY:

- A. IF YOU ARE PRESENT AT OR PRIOR TO THE USE OR DISCLOSURE OF YOUR PHI, THE PRACTICE MAY USE OR DISCLOSE YOUR PHI IF YOU AGREE, OR IF THE PRACTICE CAN REASONABLY INFER FROM THE CIRCUMSTANCES, BASED ON THE EXERCISE OF ITS PROFESSIONAL JUDGMENT THAT YOU DO NOT OBJECT TO THE USE OR DISCLOSURE
- B. IF YOU ARE NOT PRESENT, THE PRACTICE WILL, IN THE EXERCISE OF PROFESSIONAL JUDGMENT, DETERMINE WHETHER THE USE OR DISCLOSURE IS IN YOUR BEST INTERESTS AND, IF SO, DISCLOSE ONLY THE PHI THAT IS DIRECTLY RELEVANT TO THE PERSON'S INVOLVEMENT WITH YOUR CARE.

AUTHORIZATION

USES AND/OR DISCLOSURES, OTHER THAN THOSE DESCRIBED ABOVE WILL BE MADE ONLY WITH YOUR WRITTEN AUTHORIZATION. WE WILL NOT USE OR DISCLOSE YOUR HEALTH INFORMATION FOR ANY PURPOSE OTHER THAN THOSE IDENTIFIED IN THE PREVIOUS SECTIONS WITHOUT YOUR SPECIFIC, WRITTEN AUTHORIZATION. WE MUST OBTAIN YOUR AUTHORIZATION SEPARATE FROM ANY CONSENT WE MAY HAVE OBTAINED FROM YOU. IF YOU GIVE US AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION ABOUT YOU, YOU MAY REVOKE THAT AUTHORIZATION, IN WRITING, AT ANYTIME. IF YOU REVOKE YOUR AUTHORIZATION, WE WILL NO LONGER USE OR DISCLOSE INFORMATION ABOUT YOU FOR THE REASON COVERED BY YOUR WRITTEN AUTHORIZATION, BUT WE CANNOT TAKE BACK ANY USES OR DISCLOSURES ALREADY MADE WITH YOUR PERMISSION. THE FOLLOWING USES AND/OR DISCLOSURES SPECIFICALLY REQUIRE YOUR EXPRESS WRITTEN PERMISSION

- A. **MARKETING PURPOSES** - WE WILL NOT USE OR DISCLOSE YOUR PHI FOR MARKETING PURPOSES FOR WHICH WE HAVE ACCEPTED PAYMENT WITHOUT YOUR EXPRESS WRITTEN PERMISSION. HOWEVER, WE MAY CONTACT YOU WITH INFORMATION ABOUT PRODUCTS, SERVICES OR TREATMENT ALTERNATIVES DIRECTLY RELATED TO YOUR TREATMENT AND CARE.
- B. **SALE OF HEALTH INFORMATION** - WE WILL NOT SELL YOUR PHI WITHOUT YOUR WRITTEN AUTHORIZATION. IF YOU DO AUTHORIZE SUCH A SALE, THE AUTHORIZATION WILL DISCLOSE THAT WE WILL RECEIVE COMPENSATION FOR THE INFORMATION THAT YOU HAVE AUTHORIZED US TO SELL. YOU THE RIGHT TO REVOKE THE AUTHORIZATION AT ANY TIME, WHICH WILL HALT ANY FUTURE SALE.

YOUR RIGHTS

YOU HAVE THE FOLLOWING RIGHTS REGARDING HEALTH INFORMATION WE MAINTAIN ABOUT YOU: REVOKE AUTHORIZATION AND/OR CONSENT IN WRITING, AT ANY TIME. TO REQUEST REVOCATION, YOU MUST SUBMIT A WRITTEN REQUEST TO THE PRACTICE'S PRIVACY OFFICER. REQUEST RESTRICTIONS ON CERTAIN USE AND/OR DISCLOSURE OF YOUR PHI AS PROVIDED BY LAW. YOU MAY ALSO REQUEST THAT WE LIMIT THE INFORMATION WE SHARE ABOUT YOU WITH A RELATIVE OR FRIEND OF YOURS. WE ARE NOT REQUIRED TO AGREE TO ANY OTHER REQUESTED RESTRICTION. IF WE AGREE, WE WILL FOLLOW YOUR REQUEST UNLESS THE INFORMATION IS NEEDED TO A)GIVE YOU EMERGENCY TREATMENT, B) REPORT TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, OR C) THE DISCLOSURE IS DESCRIBED IN THE "USES AND DISCLOSURES THAT ARE REQUIRED OR PERMITTED BY LAW" SECTION. TO REQUEST RESTRICTIONS, YOU MUST SUBMIT A WRITTEN REQUEST TO THE PRACTICE'S PRIVACY OFFICER. IN YOUR WRITTEN REQUEST, YOU MUST INFORM THE PRACTICE OF WHAT INFORMATION YOU WANT TO LIMIT, WHETHER YOU WANT TO LIMIT THE PRACTICE'S USE OR DISCLOSURE, OR BOTH AND TO WHOM YOU WANT THE LIMITS TO APPLY. EITHER YOU OR WE CAN TERMINATE RESTRICTIONS AT A LATER DATE.

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RECEIVE CONFIDENTIAL COMMUNICATIONS OR PHI BY ALTERNATIVE MEANS OR AT ALTERNATE LOCATIONS. YOU MUST MAKE YOUR REQUEST IN WRITING TO THE PRACTICE'S PRIVACY OFFICER EXPLAINING HOW OR WHERE YOU CAN BE CONTACTED. FOR EXAMPLE, YOU CAN ASK THAT WE ONLY CONTACT YOU BY MAIL OR AT WORK. WE WILL ACCOMMODATE ALL REASONABLE REQUESTS.

INSPECT AND COPY - YOU HAVE THE RIGHT TO INSPECT AND REQUEST COPIES OF YOUR INFORMATION. TO INSPECT OR COPY YOUR INFORMATION, YOU MAY EITHER COMPLETE AN AUTHORIZATION TO REVIEW/OBTAIN INFORMATION FORM OR WRITE A LETTER OF REQUEST, STATING THE TYPE OF INFORMATION TO BE RELEASED, THE DATE(S) OF SERVICE BEING REQUESTED, THE PURPOSE OF THE REQUEST, AND WHETHER YOU WISH TO REVIEW THE RECORD OR RECEIVE COPIES OF THE REQUESTED INFORMATION IN YOUR PREFERRED FORMAT. WE WILL ABIDE BY YOUR REQUEST IN THE FORMAT YOU HAVE REQUESTED, IF WE ARE ABLE TO DO SO. IF WE CANNOT PROVIDE YOUR RECORDS TO YOU IN THE REQUESTED FORMAT, WE WILL ATTEMPT TO PROVIDE THEM IN AN ALTERNATIVE FORMAT THAT YOU AGREE TO. YOU MAY ALSO REQUEST THAT YOUR RECORD BE SENT TO ANOTHER PERSON THAT YOU HAVE DESIGNATED IN WRITING. DIRECT THIS REQUEST TO THE PRACTICE'S PRIVACY OFFICER. YOU MAY BE CHARGED A FEE FOR THE COST OF COPYING, MAILING OR OTHER EXPENSES RELATED WITH YOUR REQUEST. IN CERTAIN SITUATIONS THAT ARE DEFINED BY LAW, THE PRACTICE MAY DENY YOUR REQUEST, BUT YOU WILL HAVE THE RIGHT TO HAVE THE DENIAL REVIEWED AS SET FORTH MORE FULLY IN THE WRITTEN DENIAL NOTICE.

AMEND YOUR PHI AS PROVIDED BY LAW FOR AS LONG AS THE INFORMATION IS MAINTAINED BY US. TO REQUEST AN AMENDMENT, YOU MUST SUBMIT YOUR REQUEST IN WRITING TO THE PRACTICE'S PRIVACY OFFICER. YOU MUST PROVIDE A REASON FOR THE AMENDMENT. THE PRACTICE MAY DENY YOUR REQUEST FOR AN AMENDMENT IF IT IS NOT IN WRITING, DOES NOT INCLUDE A REASON FOR WANTING THE AMENDMENT, IF THE INFORMATION WAS NOT CREATED BY US (UNLESS THE PERSON OR ENTITY THAT CREATED THE INFORMATION IS NO LONGER AVAILABLE TO AMEND THE INFORMATION), IS NOT PART OF THE INFORMATION MAINTAINED BY THE PRACTICE, IS NOT INFORMATION THAT YOU WOULD BE PERMITTED TO INSPECT AND COPY, OR IS ACCURATE AND COMPLETE. IF YOUR REQUEST IS GRANTED THE PRACTICE WILL MAKE THE APPROPRIATE CHANGES AND INFORM YOU AND OTHERS, AS NEEDED OR REQUIRED. IF WE DENY YOUR REQUEST, WE WILL EXPLAIN THE DENIAL IN WRITING TO YOU AND EXPLAIN ANY FURTHER STEPS YOU MAY WISH TO TAKE.

ACCOUNTING OF DISCLOSURES OF YOUR PHI AS PROVIDED BY LAW. THIS IS A LIST OF CERTAIN DISCLOSURES WE HAVE MADE REGARDING YOUR PHI. TO REQUEST AN ACCOUNTING OF DISCLOSURES, YOU MUST SUBMIT A REQUEST IN WRITING TO THE PRACTICE'S PRIVACY OFFICER. YOUR REQUEST MUST STATE THE TIME PERIOD FOR THE DISCLOSURES. THE TIME PERIOD MAY BE FOR UP TO SIX YEARS PRIOR TO THE DATE ON WHICH YOU REQUEST THE LIST, BUT MAY NOT INCLUDE DISCLOSURES MADE BEFORE APRIL 14, 2003. THE REQUEST SHOULD INDICATE IN WHAT FORM YOU WANT THE LIST (SUCH AS PAPER OR ELECTRONIC COPY) THE FIRST LIST YOU REQUEST WITHIN A TWELVE (12) MONTH PERIOD IS FREE. FOR ADDITIONAL LISTS, WE MAY CHARGE YOU FOR THE COST OF PROVIDING THE LIST. IF THERE WILL BE A CHARGE, WE WILL NOTIFY YOU OF THE COST IN ADVANCE. YOU MAY WITHDRAW OR CHANGE YOUR REQUEST TO AVOID OR REDUCE THE FEE. CERTAIN TYPES OF DISCLOSURES ARE NOT INCLUDED IN SUCH AN ACCOUNTING. THESE INCLUDE DISCLOSURES MADE FOR TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS; DISCLOSURES MADE TO YOU OR FOR OUR FACILITY DIRECTORY; DISCLOSURES MADE WITH YOUR AUTHORIZATION; DISCLOSURES FOR NATIONAL SECURITY OR INTELLIGENCE PURPOSES OR TO CORRECTIONAL INSTITUTIONS OR LAW ENFORCEMENT OFFICIALS IN SOME CIRCUMSTANCES.

PAPER COPY OF THIS NOTICE FROM THE PRACTICE UPON REQUEST, EVEN IF YOU HAVE AGREED TO RECEIVE THIS NOTICE ELECTRONICALLY. YOU MAY REQUEST A PAPER COPY OF THIS NOTICE AT ANY TIME.

FILE A COMPLAINT TO THE PRACTICE OR TO THE UNITED STATES SECRETARY OF HEALTH AND HUMAN SERVICES (AS PROVIDED BY THE PRIVACY RULE) IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED. TO FILE A COMPLAINT WITH THE PRACTICE, YOU MUST CONTACT THE PRACTICE'S PRIVACY OFFICER. TO FILE A COMPLAINT WITH THE UNITED STATES SECRETARY OF HEALTH AND HUMAN SERVICES YOU MAY WRITE TO: OFFICE FOR CIVIL RIGHTS, US DEPARTMENT OF HEALTH AND HUMAN SERVICES, 200 INDEPENDENCE AVENUE, SW, WASHINGTON, DC 20201. ALL COMPLAINTS MUST BE IN WRITING. YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT. TO OBTAIN MORE INFORMATION ABOUT YOUR PRIVACY RIGHTS OR IF YOU HAVE QUESTIONS ABOUT YOUR PRIVACY RIGHTS YOU MAY CONTACT THE PRACTICE'S PRIVACY OFFICER BY PHONE AT 662-236-2295 OR VIA EMAIL AT OXFORDSPINESPORTS@GMAIL.COM.

PRACTICE REQUIREMENTS

THE PRACTICE:

- A. A) IS REQUIRED BY FEDERAL LAW TO MAINTAIN THE PRIVACY OF YOUR PHI AND TO PROVIDE YOU WITH THIS PRIVACY NOTICE DETAILING THE PRACTICE'S LEGAL DUTIES AND PRIVACY PRACTICES WITH RESPECT
- B. TO YOUR PHI
- C. B) IS REQUIRED BY STATE LAW TO MAINTAIN A HIGHER LEVEL OF CONFIDENTIALITY WITH RESPECT TO CERTAIN PORTIONS OF YOUR MEDICAL INFORMATION THAT IS PROVIDED FOR UNDER FEDERAL LAW
- D. C) IS REQUIRED TO ABIDE BY THE TERMS OF THIS PRIVACY NOTICE
- E. D) RESERVES THE RIGHT TO CHANGE THE TERMS OF THIS PRIVACY NOTICE AND TO MAKE THE NEW PRIVACY NOTICE PROVISION EFFECTIVE FOR ALL OF YOUR PHI THAT IT MAINTAINS AT THE TIME AND
- F. ANY INFORMATION WE CREATE OR RECEIVE IN THE FUTURE
- G. E) IS REQUIRED BY FEDERAL LAW TO NOTIFY YOU IN THE EVENT YOUR PHI IS BREACHED

WE WILL DISTRIBUTE ANY REVISED NOTICE TO YOU PRIOR TO IMPLEMENTATION

** EFFECTIVE FEBRUARY 1, 2025