

Notice of Health Information 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.

“Back In Action” is required to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices. Back In Action will not use or disclose your health information except as described in this notice. This notice applies to all of the medical records generated by Back In Action as well as records we receive from other providers.

USES AND DISCLOSURES REQUIRING YOUR CONSENT: With your consent, Back In Action may use and disclose your health information for the following purposes:

Treatment: Back In Action may use your health information in the provision and coordination of your health care. We may disclose all or any portion of your medical record information to your attending physician, consulting physician, nurses, technicians, medical students, and other providers who have a legitimate need for such information in your care and treatment. Different departments may share health information about you in order to coordinate specific services such as prescriptions, lab work, and X-rays. Back In Action also may disclose your health information to other parties who may be involved in your medical care such as family members, clergy and others used to provide services that are part of your health care. Other ways we may use or disclose your health information for purposes related to treatment are:

Treatment Alternatives: To tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Appointment Reminders: To contact you as a reminder that you have an appointment for treatment or medical care at Back In Action.

Payment: Back In Action may release health information about you for the purposes of determining coverage, billing claims management, medical data processing, and reimbursement. The information may be released to an insurance company, third party payer or other entity (or their authorized representative) involved in the payment of your medical bills and may include copies or excerpts of your medical record, which are necessary for payment of your account used. We may also provide payment information to other care providers who have been involved in your care, e.g. ambulance company.

ROUTINE HEALTH CARE OPERATIONS: Back In Action may use and disclose your health information during routine healthcare operations, including quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing or credentialing activities of Back In Action, medical research and educational purposes. Back In Action may engage outside companies to carry out certain aspects of routine healthcare operations. These entities are called the “business associates” of Back In Action. Back In Action may need to disclose your health information to the business associates to show them to perform their duties. The business associates will in turn use and disclose your health information as they conduct business on Back In Action’s behalf. Examples of business associates include, but are not limited to, a copy service used by Back In Action to copy medical records, consultants, accountants, lawyers, medical transcriptionists and third-party billing companies. Back In Action requires the business associate to protect the confidentiality of your health information.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION: Back In Action may not disclose your health information to persons outside of Back In Action for the purposes other than treatment, payment or healthcare operations without your authorization. You have the right to revoke any authorization you have previously given by submitting a written statement of revocation to Back In Action.

USES AND DISCLOSURES TO WHICH YOU MAY OBJECT: FAMILY/FRIENDS:

Back In Action may disclose your health information to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family and friends of your condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you have any objections to this use and disclosure of your health information in this manner, please tell us.