

Effective Date: April 14, 2003

NOTICE OF 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.

If you have questions, need more information, or want to report a problem about the handling of your protected health information, you may contact:

Necie A Wheeler
Compliance Office
425-452-0404

Bellevue Spine Specialist respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. This Notice describes the medical information practices of Bellevue Spine Specialist and that of any third party that assists Bellevue Spine Specialist.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. We are committed to protecting medical information about you. This notice applies to all the medical records we maintain. Another health care provider may have different policies or notices regarding its use and disclosure of your medical information created or received by that provider. This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

How We May Use and Disclose Medical Information About You:

The Following categories describe different ways that we use and disclose medical information. For each category of uses and disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways that we are permitted to use and disclose information will fall within one of the categories.

For Treatment (as described in applicable regulations):

We may use or disclose medical information about you to facilitate medical treatment.

We may also provide information to others providing you care. This will help them stay informed about your care.

For example, information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.

For Payment (as described in applicable regulations):

We may use and disclose medical information about you to determine eligibility under your health insurance plan or to facilitate payment for the treatment and services you have received.

For example, information provided to health plans may include your diagnosis; procedures performed, or recommended care.

For Health Care Operations (as described in applicable regulation):

We may use and disclose medical information about you for other health care operations. These uses and disclosures may be necessary to run our Company and provide you the health care services desired.

For example, we may use your medical records to assess quality and improve services.

We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.

We may contact you about appointments and give you information about treatment alternatives or other health-related benefits and services.

We may use and disclose your information to conduct or arrange for services, including:

Medical quality review by your health plan;

Accounting, legal, risk management, and insurance services;

Audit functions, including fraud, abuse detection and compliance programs.

As Required By Law:

We will disclose medical information about you when required to do so by Federal, State, or Local laws.

To Avert a Serious Threat to Health or Safety:

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.

Other Disclosures and Uses of Protected Health Information

Notification of Family and Others

Unless you object, we may release health information about you 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 tell your friend or family member your condition and that you are at our location. In addition, we may disclose health information about you to assist in disaster relief efforts. You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

We may use and disclose your protected health information without your authorization as follows:

With Medical Researchers-if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.

To Funeral Directors/Coroners-consistent with applicable law to allow them to carry out their duties.

To Organ Procurement Organizations-(tissue donation and transplant) or persons who obtain, store, or transplant organs.

To the Food and Drug Administration-(FDA) relating to problems with food, supplements, and products.

To Comply with Workers' Compensation Laws-if you make a workers' compensation claim.

For Public Health and Safety Purposes as Allowed or Required by Law-To prevent or reduce a serious, immediate threat to the health or safety of a person or the public.

To public health or legal authorities

To protect public health and safety

To prevent or control disease, injury, or disability

To report vital statistics such as births or deaths

To report Suspected Abuse or Neglect-to public authorities.

To Correctional Institutions-if you are in jail or prison, as necessary for your health and the health and safety of others.

For Law Enforcement Purposes-such as when we receive a subpoena, court order, or legal process, or you are the victim of a crime.

For Health and Safety Oversight Activities-For example, we may share health information with the Department of Health.

For Disaster Relief Purposes-For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.

For Work-related Conditions that could affect employee health-For example, an employer may ask us to assess health risks on a job site.

To the Military Authorities of U.S. and Foreign Military Personnel-For example, the law may require us to provide information necessary to a military mission.

In the course of Judicial/Administrative Proceedings-at your request, or as directed by a subpoena or court order.

For Specialized Government Functions-For example, we may share information for national security purposes.

Other Uses and Disclosures of Protected Health Information

Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

You're Health Information Rights

The health and billing records we create and store are the property of Bellevue Spine Specialist. The protected health information in it, however, belongs to you. You have a right to:

Inspect and copy medical information that we may use or disclose. To inspect and copy medical information you must submit your request in writing and use the designated form. Please make any request to the contact person at the top of this Notice. There may be a charge to make a copy.

Ask us to restrict certain uses and disclosures. You must deliver this request in writing to the contact person at the top of the Notice. We are not required to grant the request. You must include what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply.

Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information ("Notice").

Receive a paper copy of this notice at any time;

If you feel that medical information we have about you is incorrect or incomplete you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by us. You must give us this request in writing to the contact person at the top of the Notice and must provide a reason that supports your request. We may deny your request if you ask us to amend information that is not part of the medical information kept by us or was not created by us. If the person or entity that created the information is no longer available to make the amendment, or if it is not part of the information which you would be permitted to inspect or copy, we may deny your request if it is not in writing or not supported by the reason given to us.

You have the right to request an "accounting of disclosures" where such disclosure was made for any purpose other than treatment, payment, or health care operations. You must request an accounting of disclosures in writing to the contact person at the top of this Notice. Your request must state a time period which may or not be longer and six years and may not include dates prior to April 14, 2003. Your request should indicate in what form you want the list. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.

Ask that your health information be given to you by another means or at another location. Please sign, date, and give us your request in writing to the contact person at the top of this Notice. We will accommodate all reasonable requests.

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to (Necie Wheeler, Compliance Officer) at Bellevue Spine Specialist. You may also file a complaint with the U.S. Secretary of Health and Human Services. We respect your right to file a complaint with us or the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

Changes to this notice

We reserve the right to change this notice and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.