



**CHRISTIANA SPINE CENTER, P.A.**  
**MEDICAL ARTS PAVILION 2**  
**4735 OGLETOWN STANTON ROAD**  
**SUITE 3302**  
**NEWARK, DE 19713**

**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.**

EFFECTIVE DATE: July 1, 2009  
REVISED: October 11, 2017

If you have any questions or comments about the Notice, or if you wish to request additional information about this Notice, please contact the practice's Privacy Officer in writing:

**Michele Sammartino, CMOM**  
**Christiana Spine Center**  
**Medical Arts Pavilion 2**  
**4735 Ogletown Stanton Road**  
**Suite 3302**  
**Newark, DE 19713**  
**(302) 623-4159**

#### **A. OUR COMMITMENT TO YOUR PRIVACY**

The Christiana Spine Center and all of its subsidiaries (the "Practice") is dedicated to maintaining the privacy of your medical information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. This Notice applies to your medical information in the possession of the Practice. It does not apply to your medical information in the possession of other health care providers such as hospitals, even though in many cases, we created these records if you were a patient in an in-patient or outpatient setting at the hospital. Hospital records are subject to hospital privacy practices described in hospital notices and the Practice agrees to abide by the terms of all such notices.

#### **We are required by law and our own procedures to:**

- Maintain the confidentiality of your medical information
- Provide you with this Notice of our legal duties, commitment and privacy practices concerning your medical information and
- Follow the terms of our Notice of Privacy Practices, as it may be amended from time to time

To summarize, this Notice provides you with the following important information:

- How we may use and disclose your medical information
- Your privacy rights in your medical information
- Our obligations concerning the use and disclosure of your medical information

#### **CHANGES TO THIS NOTICE:**

The terms of this notice apply to all records containing your medical information that are created or retained by us. We reserve the right to revise, change or amend our Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of the information that we already have about you as well as any of your medical information that we may receive, create or maintain in the future. We will post a copy of our current notice in our offices in a prominent location and you may request a copy of our most current Notice during any visit.

#### **WHO WILL FOLLOW THIS NOTICE:**

- Any practitioner or other person employed by or otherwise associated with the Practice who is part of your care or otherwise has access to your medical information.
- All other employees of the Practice

#### **B. HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

The following categories describe, in general, the different ways in which we may use and disclose your medical information. Please note that each particular use or disclosure is not listed below. However, the different ways we are permitted to use and disclose your medical information do fall within one of the categories.

**Treatment** – The Practice may use and disclose your medical information to treat you. For example, we may ask you to undergo laboratory tests and we may use the results to help us reach a diagnosis. Additionally, we may disclose your medical information to others who may assist in your care, such as a hospital and, if applicable, another practitioner, a spouse, children or parents.

**Payment** – The Practice may use and disclose your medical information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may share with your insurer, details regarding your treatment to determine if your insurer will pay for your treatment. We may also use and disclose your medical information to obtain payment from third parties that may be responsible for such costs, such as family members. Also we may use your medical information to bill you directly for services and items.

**Health Care Operations** – The Practice may use and disclose your medical information to operate our business. These uses and disclosures are important to ensure that you will receive quality care. For example, the Practice may use your medical information to evaluate the quality of care you received from us, or to conduct management and business planning activities for the Practice.

**Appointment Reminders** – The Practice may use and disclose your medical information to remind you that you have an appointment.

**Treatment Alternatives/Health-Related Benefits and Services** – The Practice may use and disclose your medical information to inform you of treatment alternatives and/or health-related benefits and services that may be of interest to you.

**Required by Law** – The Practice will use and disclose medical information about you when required by applicable law.

**Public Health Activities** – The Practice may disclose your medical information for public health activities, including generally,

- To prevent or control disease, injury or disability
- To maintain vital records, such as births and deaths
- To report child abuse or neglect
- To notify a person regarding potential exposure to a communicable disease
- To notify a person regarding a potential risk for spreading or contracting a disease or condition
- To report reactions to drugs or problems with products or devices
- To notify you if a product or device you may be using has been recalled
- To notify appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- To notify your employer under limited circumstances, related primarily to workplace injury or illness or medical surveillance.

**Abuse, Neglect and Domestic Violence** – If we make such a disclosure, we will inform you of it, unless we think that informing you places you at risk of serious harm or is otherwise not in your best interest.

**Health Oversight Activities** – The Practice may disclose your medical information to a Health Oversight Agency for activities authorized by law. Oversight activities include, for example, investigations, inspections, audits, surveys, license and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.

**Lawsuits and Similar Proceedings** – The Practice may use and disclose your medical information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your medical information in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you or your attorney of the request or to obtain an order protecting the information the party has requested, if required by law.

**Law Enforcement** – The Practice may release medical information if asked to do so by law enforcement officials:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
- Concerning a death if such officials believe might have resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description identity or location of the perpetrator).

**Coroners, medical Examiners and Funeral Directors** – The Practice may release medical information to a coroner or a medical examiner. This may be necessary, for example, to determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

**Organ and Tissue Donation** – The Practice may use or disclose your medical information, when appropriate to organizations that handle organ and tissue procurement, banking or transplantation.

**Research** – Under very specific circumstances, the Practice may use and disclose medical information about you for research purposes. All research projects, however, are subject to an approval process, which will evaluate the research project's use of medical information; in order to balance research needs with patients' needs for privacy of their medical information. Before we use or disclose medical information for research, the projects will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, so long as the medical information they review does not leave our premises.

**Serious Threats to Health or Safety**

The Practice may use and disclose your medical information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

#### **Specialized Government Functions**

The Practice may disclose your medical information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities. In addition, we may disclose your medical information to federal officials for intelligence and national security activities authorized by law. Furthermore, the Practice may disclose your medical information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (i) for the institution to provide health care services to you, (ii) for the safety and security of the institution, and/or (iii) to protect your health and safety or the health and safety of other individuals.

**Workers' Compensation** - The Practice may release your medical information for workers' compensation and similar programs.

### **C. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

You have the following rights regarding the medical information that the Practice maintains about you:

**Requesting Restrictions** - You have the right to request a restriction on our use or disclosure of your medical information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your medical information to individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request, but we will if we reasonably can. However, if we do agree with your request, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. If we disclose your medical information for emergency treatment, we will request that all treating health care providers not further use or disclose the information. In order to request a restriction in our use or disclosure of your medical information, you must make your request in writing to our Privacy Officer listed on page 1. Your request must describe: (i) the information you wish restricted; (ii) whether you are requesting to limit the Practice's use, disclosure or both; and (iii) to whom you want the limits to apply. Please see our receptionist to obtain an appropriate request form.

**Confidential Communications** - You have the right to request that the Practice communicate with you about your health and related issues in a particular manner, or at a certain location. For instance, you may ask that we contact you by mail, rather than telephone, or at home, rather than work. In order to request a confidential communication, you must make a written request to our Privacy Officer listed on page 1 specifying the requested method of contact, or the location where you wish to be contacted. The Practice will accommodate reasonable requests. You do not need to give a reason for your request but if your request is based on your belief that if the request is not accepted you could be endangered, you should tell us and we will accommodate the request. Please see our receptionist to obtain an appropriate request form.

**Inspection and Copies** - You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about you, including your medical records and billing records, but not any psychotherapy notes we have in our possession. You must submit your request in writing to our Privacy Officer listed on page 1 in order to inspect and/or obtain a copy of your medical information. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. The Practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted not by the person that denied your request, but by another licensed health care professional chosen by us. Please see our receptionist to obtain an appropriate request form.

**Amendment** - You may ask us to amend your medical information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by and for the Practice. To request an amendment, your request must be made in writing and submitted to our Privacy Officer listed on page 1. You must provide us with a reason that supports your request for amendment. We will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is:

- Accurate and complete
- Not part of the medical information kept by and for the Practice
- Not part of the medical information which you would be permitted to inspect and copy; or
- Not created by the Practice, unless the individual or entity that created the information is not available to amend the information.

Please see our receptionist to obtain an appropriate request form.

**Accounting of Disclosures** - You have the right to request an accounting of disclosures, which is a list of certain disclosures our organization has made of your medical information. In order to obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer, listed on page 1. All requests for such an accounting of disclosures must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request in a 12-month period is free of charge, but the Practice may charge you for additional lists within the same 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request in writing before you incur any costs.

**Right to a Paper Copy of this Notice** - You are entitled to receive a paper copy of the Notice of Privacy Practices at any time. To obtain a copy of this notice, contact our Privacy officer listed on page 1.

**Right to File a Complaint** – If you believe your privacy rights have been violated, you may file a complaint with the Practice and/or the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact our Privacy Officer listed on page 1. All complaints must be submitted in writing. Please see our receptionist to obtain an appropriate request form. You will not be penalized for filing a complaint. To file a complaint with the Secretary of the Department of Health and Human Services, please contact:

**Regional Manager of the Office of Civil Rights  
Region III, 150 S. Independence Mall W.  
Suite 372, Public Ledger Building  
Philadelphia, PA 19106-9111  
(215) 861-4441**

**Hotline Number: 1-800-368-1019**

**Additional Rights –**

- You will be notified if a breach of unsecured protected health information has occurred.
- You have the right to opt out of fundraising communications from the Practice and the Practice cannot sell your health information with your authorization.
- You have the right to request a copy of your electronic medical record in an electronic format.
- If you pay the Practice out-of-pocket in full for your treatment, you can then instruct the Practice not to share information about your treatment with your health plan.

**Right to Provide an Authorization for any Marketing and Sale of your Medical Information or Other Uses and Disclosures –**

The Practice will obtain your written authorization for any marketing and sale of your medical information and for uses and disclosures of your medical information that are not identified by this Notice or are not permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked by you at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your permission.

**D. STATE LAW AND REGULATION**

The Federal law that protects the confidentiality of your medical information is known by the acronym HIPAA. HIPAA overrides state law when it provides more protection of your medical information but is subordinate to state law and regulation when state law provides more protection than that provided by HIPAA. This notice is one required by HIPAA, but the Practice is also equally committed to maintain the confidentiality of your medical information as required by applicable state law and regulation.



**CHRISTIANA SPINE AMBULATORY SURGERY CENTER, LLC**

**1101 TWIN C LANE  
SUITE 102  
NEWARK, DE 19713**

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EFFECTIVE DATE: July 1, 2009

REVISED: March 3, 2016

**NOTICE OF PRIVACY PRACTICE/PATIENT RIGHTS**

**I have had the opportunity to receive and review Christiana Spine, ASC, LLC. Notice of Privacy Practices. I have also been provided with the patient rights information, grievance policy, disclosure of physician ownership as well as information on advanced directives.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_