



**CHRISTOPHER LYONS, M.D.** SPINE SURGERY | JOINT REPLACEMENT | ARTHROSCOPY

**JOHN MANTA, M.D.** SPORTS MEDICINE | ARTHROSCOPY | JOINT REPLACEMENT

**BONNIE NYE, M.D.** SPORTS INJURIES | SPORTS CONCUSSIONS

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS MEDICAL INFORMATION. PLEASE REVIEW IT CAREFULLY.**

#### **Understanding Your Health Record/Information:**

Understanding Your Health Record/Information:

Each time you visit a physician a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to your health or medical records serves as an:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health care professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a tool with which we can assess and continually work to improve the care we render/outcomes achieved
- understanding of what is in your record and how your health information is used to help you to:
  - ensure it's accuracy
  - better understanding who, what, when, where and why others may access your information
  - make more informed decisions when authorizing disclosure to others

#### **Your Health Information Rights:**

Although your health record is the physical property of the health care professional that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- obtain a paper copy of the notice of information practices upon request
- inspect and copy your health records as provided for in 45 CFR 164.524
- amend your health record as provided in 45 CFR 164.528
- obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- request communications of your health information by alternative means/alternative locations
- revoke your authorization to use except to the extent that action has already been taken

#### **Our Responsibilities**

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, you will be notified.

We will not use health information without your authorization, except as described in this notice.

#### **For More Information or to Report a Problem:**

If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

---

PATIENT/GUARDIAN SIGNATURE

DATE