CLEARWATER SPINE & REHABILITATION
NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

This notice describes how medical information about you may be used and disclosed and how you can get access to that information as required by 45 CFR 164.520.

PLEASE REVIEW THIS NOTICE CAREFULLY.

This Practice is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your health condition and the care and treatment you receive from Clearwater Spine & Rehabilitation. The creation of a record detailing the care and services you receive helps this office to provide you with quality health care. This Notice details how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI. The privacy of PHI in patient files will be protected when the files are taken to and from Clearwater Spine & Rehabilitation by placing the files in a box or brief case and kept within the custody of a doctor or employee of Clearwater Spine & Rehabilitation authorized to remove the files from Clearwater Spine & Rehabilitation's office. It may be necessary to take patient files to a facility where a patient is confined or to a patient's home where the patient is to be examined or treated. This Notice may be amended or revised at which time you will be provided the revised or amended Notice to review.

NO CONSENT REQUIRED

1. Clearwater Spine & Rehabilitation may use and/or disclose your PHI for the purposes of:

   a) Treatment - In order to provide you with the health care you require, Clearwater Spine & Rehabilitation will provide your PHI to those health care professionals, whether on Clearwater Spine & Rehabilitation's staff or not, directly involved in your care so that they may understand your health condition and needs. For example, a physician treating you for a condition or disease may need to know the results of your latest physician examination by this office.

   b) Payment - In order to get paid for services provided to you, Clearwater Spine & Rehabilitation will provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements. For example, Clearwater Spine & Rehabilitation may need to provide the Medicare program with information about health care services that you received from Clearwater Spine & Rehabilitation so that Clearwater Spine & Rehabilitation can be properly reimbursed. Clearwater Spine & Rehabilitation may also need to tell your insurance plan about treatment you are going to receive so that it can determine whether or not it will cover the treatment expense.

   c) Health Care Operations - In order for Clearwater Spine & Rehabilitation to operate in accordance with applicable law and insurance requirements and in order for Clearwater Spine & Rehabilitation to continue to provide quality and efficient care, it may be necessary for Clearwater Spine & Rehabilitation to compile, use and/or disclose your PHI. For example, Clearwater Spine & Rehabilitation may use your

PHI in order to evaluate the performance of Clearwater Spine & Rehabilitation's personnel in providing care to you.

2. Clearwater Spine & Rehabilitation may use and/or disclose your PHI, without a written Consent from you, in the following additional instances:

a) Any information is deleted that would identify you.

b) To a company or person who is not employed by Clearwater Spine & Rehabilitation to provide a service such as billing insurance and/or electronic records. These persons/companies are called "Business Associates." Only that information necessary to perform the service will be submitted to the business associate if Clearwater Spine & Rehabilitation obtains satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI.

c) To a person that you designate as a personal representative who, under applicable law, has the authority to represent you in making decisions related to your health care.

d) Emergency Situations –

(i) for the purpose of obtaining or rendering emergency treatment to you provided that Clearwater Spine & Rehabilitation attempts to obtain your Consent as soon as possible; or

(ii) to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating your care with such entities in an emergency situation.

e) Communication Barriers - If, due to substantial communication barriers or inability to communicate, Clearwater Spine & Rehabilitation has been unable to obtain your Consent and Clearwater Spine & Rehabilitation determines, in the exercise of its professional judgment, that your Consent to receive treatment is clearly inferred from the circumstances.

f) Public Health Activities - Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease and that does not identify you and, even without your name, cannot be used to identify you.

g) Abuse, Neglect or Domestic Violence - To a government authority if Clearwater Spine & Rehabilitation is required by law to make such disclosure. If Clearwater Spine & Rehabilitation is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm.

h) Health Oversight Activities - Such activities, which must be required by law, involve government agencies and may include, for example, criminal investigations, disciplinary actions or general oversight activities relating to the community's health care system.

i) Judicial & Administrative Proceeding - For example, Clearwater Spine & Rehabilitation may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.

j) Law Enforcement Purposes - In certain instances, your PHI may have to be disclosed to a law enforcement official. For example, your PHI may be the subject of a grand jury subpoena. Or, Clearwater Spine & Rehabilitation may disclose your PHI if Clearwater Spine & Rehabilitation believes that your death was the result of criminal conduct.

k) Coroner or Medical Examiner - Clearwater Spine & Rehabilitation may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.

l) Organ, Eye or Tissue Donation - If you are an organ donor, Clearwater Spine & Rehabilitation may disclose your PHI to the entity to whom you have agreed to donate your organs.

m) Research - If Clearwater Spine & Rehabilitation is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI and that does not identify you and, even without your name, cannot be used to identify you.

n) Avert a Threat to Health or Safety - Clearwater Spine & Rehabilitation may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.

o) Workers' Compensation - If you are involved in a Workers' Compensation claim, Clearwater Spine & Rehabilitation may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

p) Disclosure of immunizations to schools required for admission upon your informal agreement.

APPOINTMENT REMINDER

Clearwater Spine & Rehabilitation may, from time to time, contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Appointment reminders are used by Clearwater Spine & Rehabilitation. Clearwater Spine & Rehabilitation may use the following methods of communication: a) a postcard mailed to you at the address provided by you; b) telephoning your home and leaving a message on your answering machine or with the individual answering the phone or sending you an email or text message unless you request otherwise. You may request to limit the way in which Clearwater Spine & Rehabilitation contacts you by following the guidelines under "Your Rights", paragraph (b).

DIRECTORY/SIGN-IN LOG

Clearwater Spine & Rehabilitation maintains a directory of and sign-in log for individuals seeking care and treatment in the office. The Directory and sign-in log are located in a position where staff can readily see who is seeking care in the office, as well as the individual's location within Clearwater Spine & Rehabilitation's office suite. This information may be seen by, and is accessible to, others who are seeking care or services in Clearwater Spine & Rehabilitation's offices.

FAMILY/FRIENDS

Clearwater Spine & Rehabilitation 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 unless you direct Clearwater Spine & Rehabilitation to the contrary. Clearwater Spine & Rehabilitation may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) a family member, a 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, Clearwater Spine & Rehabilitation may use or disclose your PHI if you agree, or if Clearwater Spine & Rehabilitation 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, Clearwater Spine & Rehabilitation 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.

YOUR RIGHTS

You have the right to:

a) Revoke any Authorization and/or Consent, in writing, at any time. To request a revocation, you must submit a written request to Clearwater Spine & Rehabilitation's Privacy Officer.

b) Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, Clearwater Spine & Rehabilitation is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to Clearwater Spine & Rehabilitation's Privacy Officer. In your written request, you must inform Clearwater Spine & Rehabilitation of what information you want to limit, whether you want to limit Clearwater Spine & Rehabilitation's use or disclosure, or both, and to whom you want the limits to apply. If Clearwater Spine & Rehabilitation agrees to your request, Clearwater Spine & Rehabilitation will comply with your request unless the information is needed in order to provide you with emergency treatment.

c) Restrictions from your health plan (insurance company): You have the right to request that we restrict disclosure of your medical information to your health plan for covered services, provided the disclosure is not required by other laws. Services must be paid in full by you, out of pocket.

d) Receive confidential communications or PHI by alternative means or at alternative locations. You must make your request in writing to Clearwater Spine & Rehabilitation's

Privacy Officer. Clearwater Spine & Rehabilitation will accommodate all reasonable requests.

e) Inspect and obtain a copy your PHI as provided by 45 CFR 164.524. To inspect and copy your PHI, you are requested to submit a written request to Clearwater Spine & Rehabilitation's Privacy Officer. Clearwater Spine & Rehabilitation can charge you a fee for the cost of copying, mailing or other supplies associated with your request

f) Amend your PHI as provided by 45 CFR 164.528. To request an amendment, you must submit a written request to Clearwater Spine & Rehabilitation's Privacy Officer. You must provide a reason that supports your request. Clearwater Spine & Rehabilitation may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by Clearwater Spine & Rehabilitation (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by Clearwater Spine & Rehabilitation, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with Clearwater Spine & Rehabilitation's denial, you will have the right to submit a written statement of disagreement.

g) Receive an accounting of disclosures of your PHI as provided by 45 CFR 164.528. The request should indicate in what form you want the list (such as a paper or electronic copy).

h) Receive a paper copy of this Privacy Notice from Clearwater Spine & Rehabilitation upon request to Clearwater Spine & Rehabilitation's Privacy Officer.

i) Receive notice of any breach of confidentiality of your PHI by Clearwater Spine & Rehabilitation.

j) Prohibit report of any test, examination or treatment to your health plan or anyone else for which you pay in cash or by credit card.

k) Complain to Clearwater Spine & Rehabilitation or to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201, 202 619-0257, email: ocrmail@hhs.gov or to the Florida Attorney General, Office of the Attorney General, PL-01 The Capitol, Tallahassee, FL 32399-1050, 850 414-3300 if you believe your privacy rights have been violated. To file a complaint with Clearwater Spine & Rehabilitation, you must contact Clearwater Spine & Rehabilitation's Privacy Officer. All complaints must be in writing.

l) Request copies of your PHI in electronic format.

To obtain more information on, or have your questions about your rights answered; you may contact Clearwater Spine & Rehabilitation's Privacy Officer, Robin Dokka, at 727-447-4255 or via email at info@clearwaterspine.com.

PRACTICE'S REQUIREMENTS

Clearwater Spine & Rehabilitation:

a) Is required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing Clearwater Spine & Rehabilitation's legal duties and privacy practices with respect to your PHI.

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. In particular, Clearwater Spine & Rehabilitation is required to comply with the following State statutes:

Section 381.004 relating to HIV testing, Chapter 384 relating to sexually transmitted diseases, Section 456.057 relating to patient records ownership, control and disclosure and Section 501.171 relating to protecting your personal information, Social Security and driver license numbers, credit or debit card information, financial accounts information, email address, and medical information.

c) Is required to abide by the terms of this Privacy Notice.

d) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for your entire PHI that it maintains.

e) Will distribute any revised Privacy Notice to you prior to implementation.

f) Will not retaliate against you for filing a complaint.

QUESTIONS AND COMPLAINTS

You may obtain additional information about our privacy practices or express concerns or complaints to the Privacy Officer and Contact person appointed for this practice. The Privacy Officer is Robin Dokka who may be reached at 727-447-4225 or at info@clearwaterspine.com.

You may file a complaint with the Privacy Officer if you believe that your privacy rights have been violated relating to release of your protected health information. You may, also, submit a complaint to the Department of Health and Human Services the address of which will be provided to you by the Privacy Officer. We will not retaliate against you in any way if you file a complaint.

EFFECTIVE DATE

This Notice is in effect as of 10/15/2016.