



"Correct, Hold, Heal!"

Notice of Privacy Practices

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. Keeping your medical records confidential-Blue Spinal Care is committed to providing you with high quality care and forming a relationship with you that is built on trust. That means respecting your privacy and confidentiality of your medical information. We protect your privacy and confidentiality rights by creating and putting into practice Blue Spinal Care policies and procedures that allow access to your personal medical information only for legitimate reasons. Your medical record-As we provide your health care, we are required to maintain a complete copy of your medical history, current condition, treatment plan and all treatment given, including the results of all tests, procedures and therapies. Whether this information is stored in writing, on a computer, or other means, we will keep this information in a safe and secure way that protects your privacy and confidentiality. Of course, the physicians and other health care professionals who are involved in your care need to access this information in order to provide appropriate treatment for you. How do we assure your privacy? –Blue Spinal Care has put in place detailed policies regarding access to medical records by our staff and employees and has carefully outlined the circumstances under which your medical information may be released to parties outside of this facility. The policies conform to state and federal law and are designed to safeguard your privacy. Our staff and employees are trained in the appropriate use of medical information and know that it is available to them only to continue to provide care to you or for other limited but legitimate reasons. A violation of confidentiality or failure of an employee to protect your information from accidental or unauthorized access will not be tolerated. We ask your permission -We do not allow others outside of Blue Spinal Care access to any information unless we have the appropriate authorization to do so. We will respect your authorization to release information on your first visit.

If you have any questions about the privacy of your medical records, please speak with us. We will be happy to help you.

Patient Acknowledgment of Privacy Practices

Patient Name _____ DOB _____

I have received this practice's Notice of Privacy Practices written in plain language. The Notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices, and to make changes regarding all protected health information resident at, or controlled by, this practice. I understand I can obtain this practice's current Notice of Privacy Practices on request.

Signature _____ Date _____
Relationship to the patient (if signed by a personal representative of the patient). _____

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