

**Sheppard Spine and Sports Clinic's
Privacy Policy
Short Form**

Safeguarding your health information is important to us. As providers of care, we have certain practices to help protect your health information. This summarizes some of those privacy practices that are used by Sheppard Spine and Sports Clinic. You are entitled to receive and review our full length legal notice of privacy practices that you may obtain at our office or by calling (858) 350-6290.

The Health Insurance Portability and Accountability Act of 1996, or HIPPA allows the use of certain health information for the following activities:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use or disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use or disclose your health information in connection with our healthcare operations or when permitted by HIPPA. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, and other business operations.

If our use or disclosure is not for one of the activities described above and is not otherwise permitted under HIPPA, we will ask you to complete a written authorization before we use or release your health information. When receiving services from us, you will also be able to decide whether we can discuss your health information with your family and friends.

Even if you have provided us with your authorization, you may withdraw that authorization, in writing, at any time to stop future disclosures of you health information.

HIPPA provides you with the following rights:

Restricting a use/disclosure, requesting confidential communications, inspecting and obtaining copies of your health information, requesting a change in your health information, requesting an accounting of disclosures of your health information, obtaining notice of our privacy polices.

If you believe that the privacy of your health information has been violated, you may contact us to discuss your concern or file a complaint at 858-350-6290 or 634 Stevens Ave. Solana Beach, CA 92075. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services.

By signing this form, you consent to our use and disclosure of your protected health information as indicated above and in the full length Notice of Privacy Practices. Please note that your personal information is not shared with third parties and use is restricted to procedures that are relevant to your care.

Print Name

Signature

Date