



A SUBSIDIARY OF KINPEL MEDICAL, PC

David Akinpelu, M.D.
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

1. The general consent for release of medical records that you sign authorizes SpinaTherapeutics™ to disclose the information in your medical record for treatment, payment and health care operations:

A. For the purpose of providing treatment to you: Your information may be shared with e.g. employees and contractors of the provider, or with other health care providers who are treating you or consulting in your care.

B. For the purpose of arranging payment for your care: Your information may be shared with your insurer or other third party payer who is responsible for paying all or part of the cost for you care.

C. For the purpose of health care operations: We may use and disclose information that is necessary for our operations e.g. internal quality assessments, contacting other health care providers about treatment alternatives. We may also disclose information to DME providers, necessary hospital staff, pharmacists, home health providers and case managers. We may use information about you to remind you of an appointment for treatment of medical care.

2. You may be asked to sign a specific authorization for a release of medical records, which will authorize us to make a specific disclosure that is not covered under section 1 above. The specific information, the entity to whom it will be disclosed, and the purpose for which it will be used will be documented for your review before signing.

3. You may revoke any consent or authorization provided to us by giving a written notice of revocation.

4. We may be required by law to disclose your records that you have not authorized. For example if we receive a subpoena for the records or if public responsibility requires disclosure e.g. to protect the public health. We will keep all disclosures of your medical records to the minimum necessary. SpinaTherapeutics™ may use or disclose protected health information without the written consent or authorization of the individual in the following circumstances:

- a. Uses and disclosures required by law
- b. Uses and disclosures for public health activities
- c. Disclosures about victims of abuse, neglect or domestic violence
- d. Uses and disclosures for health oversight activities
- e. Disclosures for law enforcement purposes

- f. Uses and disclosures about decedents
- g. Uses and disclosures for cadaver organ, eye tissue donation purposes
- h. Uses and disclosures for research purposes
- i. Uses and disclosures to avert a serious threat to health or safety
- j. Uses and disclosures for specialized government functions
- k. Disclosures for workers compensation

5. Your rights regarding health information about you:

- a. You have the right to inspect your medical records under supervision of one of our authorized staff members and request a copy of your health information for as long as SpinaTherapeutics™ maintains the records.
- b. If you feel that the health information that we have about you is incomplete or inaccurate, you have the right to request an amendment to your medical records. The request must be made in writing with the reason that supports your request. If we do not agree with your request, you have the right to ask that your statement be placed in the medical record.
- c. You have the right to find out how your health information is used and to whom it is disclosed. You may request an accounting of your medical record disclosures made for treatment, payment, and health care operations.
- d. You have the right to receive a paper copy of this notice.
- e. You have the right to request that your information be sent by alternative means or to alternate locations.

6. We are required by law to maintain the privacy of your protected health information and if you believe that your rights have been violated you may complain to the Secretary of the U.S. Dept of Health and Human services or complain to us by making an appointment to specifically discuss the issues of concern, or writing to us with details. Please ask to speak to or contact our privacy complaint contact personnel – Angela Akinpelu at our office. There will be no repercussions for such complaints made. A complaint must be filed within 180 days of when the complaint knew or should have known that the act or omission complained of occurred, unless the secretary for good cause shown waives the time limit.

7. We reserve the right to change our privacy practices and to make new policies effective for all protected health information that we retain. If we should do so we will issue an updated "privacy notice to patients" to all of our patients upon their next visit.

For further information please contact David Akinpelu, MD
Contact Office: SpinaTherapeutics™
Telephone: 301.374.2225
Fax: 301.632.6990