



HIPAA NOTICE OF PRIVACY PRACTICES Effective September 1, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

This notice describes the privacy practices of Hardy Pain and Spine Institute under the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations, commonly known as HIPAA. We are required by law to maintain the privacy and security of your protected health information, to provide you with this notice of our legal duties and privacy practices, to notify affected individuals following a breach of unsecured protected health information, and to follow the terms of the notice currently in effect.

Your Personal Health Information

We collect personal health information from you through treatment, payment and related healthcare operations, the application and enrollment process, healthcare providers or health plans, and other lawful means. Protected health information includes oral, written, electronic, or recorded information created or received by healthcare providers, health plans, or other covered entities that identifies you or could reasonably be used to identify you, including your name, address, date of birth, Social Security number, and information about your health, care, or payment for care.

Uses and Disclosures of Your Personal Health Information

The following are circumstances in which we may use or disclose your protected health information without your written authorization:

- **Treatment:** We may use or disclose your information to provide, coordinate, or manage your healthcare; consult with other healthcare providers; or refer you to another provider.
- **Payment:** We may use or disclose your information for billing and collection, eligibility or coverage determinations, claims adjudication, medical necessity review, utilization review, subrogation, and related payment activities.
- **Healthcare Operations:** We may use or disclose your information for quality improvement, clinical guideline development, care coordination, credentialing and training, medical review, legal and auditing services, compliance, customer service, data analysis, and other administrative activities. We may use a sign-in sheet and call you by name in the waiting room when your clinician is ready to see you.
- **Persons Involved in Your Care or Payment:** Unless you object, we may share information relevant to your care or payment with a family member, friend, personal representative, or another person involved in your care. We may also disclose information to a disaster relief organization to assist with notification of your condition, status, or location.
- **As Required or Permitted by Law:** We may use or disclose your information when required or permitted by law, including for public health and safety activities, health oversight, judicial or administrative proceedings, law enforcement, workers' compensation, certain research, organ or tissue donation, coroners or funeral directors, specialized government functions, and to avert a serious threat to health or safety.
- **Your Authorization:** Uses or disclosures not otherwise permitted or required by law generally require your written authorization. This includes most uses or disclosures of psychotherapy notes, uses or disclosures for marketing, and disclosures that constitute a sale of protected health information. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it or as otherwise provided by law.

Your Rights With Respect to Your Personal Health Information

Under HIPAA, you have the following rights regarding your protected health information, subject to applicable legal limits:

- **Right to Request Restrictions:** You may ask us to restrict certain uses or disclosures for treatment, payment, or healthcare operations, or disclosures to persons involved in your care or payment. We are generally not required to agree. However, if you pay in full out of pocket for a service and ask us not to disclose information about that service to your health plan for payment or healthcare operations, we must agree unless disclosure is required by law.
- **Right to Receive Confidential Communications:** You may request in writing that we communicate with you by alternative means or at an alternative location. We will accommodate reasonable requests.
- **Right to Inspect and Obtain Copies:** With limited exceptions, you may inspect or obtain a paper or electronic copy of protected health information maintained in a designated record set. Requests must be made in writing. We may charge a reasonable, cost-based fee as permitted by law and may deny access in limited circumstances.
- **Right to Amend:** You may request in writing that we amend information you believe is incorrect or incomplete and explain the reason for the request. We may deny the request in certain circumstances and will provide a written explanation if we do.
- **Right to an Accounting of Disclosures:** You may request a list of certain disclosures made during the six years before your request. The accounting does not include every disclosure, such as many disclosures for treatment, payment, or healthcare operations. One accounting in a 12-month period is free; we may charge a reasonable, cost-based fee for additional requests after notifying you in advance.
- **Right to a Paper Copy:** You may obtain a paper copy of this notice at any time, even if you previously agreed to receive it electronically.
- **Right to Choose a Personal Representative:** If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information as permitted by law. We will verify the person's authority before acting.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at Hardy Pain and Spine Institute at the address listed on this notice. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

Changes to This Notice

We reserve the right to change this notice and to make the revised or changed notice effective for protected health information we already maintain as well as information we receive in the future. The current notice will be available at our office and, when applicable, on our website. The effective date appears on the first page.

Questions and Ongoing Access

You may request a copy of the current Notice of Privacy Practices at any time. For questions, requests, or additional information regarding the privacy of your health information, please contact the Privacy Officer at Hardy Pain and Spine Institute, 9499 W. Charleston Blvd., Suite 200, Las Vegas, NV 89117; phone 725-204-0912; fax 725-900-9282; or visit hardypainspine.com.