



# REGENERATIVE SPINE & JOINT CENTER

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## Health Insurance Portability and Accountability Act (HIPAA) Policies & Procedures

The HIPAA Privacy Rules give individuals the right to request restrictions on uses and disclosures of their Protected Health Information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's place of work instead of the individual's home. Please check all that apply:

### Home or Cell Phone

- Leave message with appointment date and time
- Leave message with test results
- Do not leave messages

### Work Phone

- Leave message with appointment date and time
- Leave message with test results
- Do not leave messages

### Written Communication

- Mail to my home address: \_\_\_\_\_
- Mail to my work address: \_\_\_\_\_

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use and disclosure of, and the requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization request by the individual. Healthcare entities must keep records of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record.

**Note: Uses and disclosures for reasons other than treatment, payment, or operations may be permitted without prior consent in case of an emergency.**

The following names listed are those to which I give authorization and consent to receive health information regarding appointments, test results and billing:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

My signature acknowledges that I have been provided a copy of the Notice of Privacy Practices and I am aware that I may request a copy of this Notice of Privacy Practices at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_