

**NOTICE FOR THE USE AND DISCLOSURE OF
HEALTH INFORMATION FOR TREATMENT, PAYMENT,
OR HEALTHCARE OPERATIONS**

NAME: _____ BIRTHDATE: _____

SOCIAL SECURITY #: _____

**PRIVACY NOTICE
Effective Date May 15, 2007**

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

1. Uses and Disclosures: Haydel Spine & Pain Specialty Care Center, A Louisiana Professional Medical Corporation is permitted by law to disclose the minimum necessary personal health information of each patient to carry out treatment, payment and health care operations of Haydel Spine & Pain Specialty Care Center. For treatment purposes, such disclosures may be made to physicians and other health care providers as necessary to effectuate the appropriate treatment and care of patients. Personal health information may be disclosed to the government or other third party payors for the purpose of obtaining payment for services provided. Haydel Spine & Pain Specialty Care Center may also use personal health information to carry out Haydel Spine & Pain Specialty Care Center's day to day operations such as scheduling and quality review.

2. Required Authorizations: Haydel Spine & Pain Specialty Care Center will not disclose any patient's personal health information for any purpose aside from payment, treatment and health care operations, without patient's authorized consent to such disclosure. Upon request for such authorization, patient shall have the right to refuse and/or revoke any disclosure of patient's personal health information.

3. Privacy Compliance: In accordance with the privacy regulations promulgated under the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164 (the "Privacy Regulations"), Haydel Spine & Pain Specialty Care Center has adopted privacy policies regarding usage of patients' personal health information. Haydel Spine & Pain Specialty Care Center is committed to compliance with the Privacy Regulations and all other laws and regulations regarding patients' right to privacy.

4. Additional Information: For additional information regarding Haydel Spine & Pain Specialty Care Center's privacy policy or for a copy of this notice, please contact our Privacy Officer. Haydel Spine & Pain Specialty Care Center reserves the right to change this Notice and to make the revised and changes notice effective for medical information that Haydel Spine & Pain Specialty Care Center already has about you, as well as any information Haydel Spine & Pain Specialty Care Center received in the future. We will post a copy of the current notice in Haydel Spine & Pain Specialty Care Center. The notice will contain the effective date.

The following signature acknowledges that I have received notification of my privacy rights concerning the use and disclosure of protected health information as defined by the Privacy Regulations.

X _____
Signature of Patient or Legal Representative Date