



**Shawn Dalton-Bethea, MD**

Diplomate ABPM, ABPMR

*Interventional Spine & Musculoskeletal Disorders Management*

520 Maple Avenue, Suite A • Reidsville, North Carolina 27320

Office 336-349-5050 • Fax 336-349-5056

[www.pssspa.com](http://www.pssspa.com)

## PATIENTS RIGHTS REGARDING MEDICAL INFORMATION

You as a patient of Performance Spine and Sports Specialists, P.A. have the following rights in regards to your medical information:

- You have the right to request restriction to certain uses and disclosures of your medical information. We are not required to agree to your request, but will do our best to honor your request.
- You have the right to receive communications from us in a confidential manner.
- You have the right to inspect your medical information and receive a copy. This right is subject to specific exceptions. You may also be charged a reasonable fee for any copies requested of your medical information.
- You have the right to request an amendment to your medical information. For certain specific reasons, your request may be denied. If your request is denied, you will be notified with an explanation of the denial and you be provided information regarding further right that you may have at that point.
- You have the right to receive an accounting of the disclosures of your medical information made by Performance Spine and Sports Specialists, P.A., except for disclosures which you authorized and certain other specific disclosure types.
- You have the right to request a paper copy of this *Notice of Privacy Practices for Protected Health Information*.
- You have the right to complain to Performance Spine and Sports Specialists, P.A. and/or the United States Department of Health and Human Services if you believe that we have violated your privacy rights. If you choose to file a complaint, you will not be retaliated against in any way. If you choose to file a complaint with us, please contact:

Performance Spine and Sports Specialists, P.A.

ATTN: Gail Revis, Office Manager, CMA

520 Maple Ave. Suite A, Reidsville, NC 27320

Telephone: (336) 349-5050

Fax: (336) 349-5056

If you would like further information regarding your rights or regarding the uses and disclosures of your medical information, you may contact, as above, Gail Revis.

**THIS NOTICE IS EFFECTIVE 8-23-10**

We reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise any terms of this Notice, a copy of the revision will be posted at Performance Spine and Sports Specialists, P.A. Paper copies of the revised Notice will be available upon request.

### ACKNOWLEDGMENT:

By signing below, I acknowledge that I have read and understood this Notice of Privacy Practices. I have had the opportunity to ask questions and have had those questions answered.

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

Patient Representative (if applicable) \_\_\_\_\_ Relation \_\_\_\_\_

Patient name (please print) \_\_\_\_\_ DOB \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_