

**FORTITUDE SPINE CARE INC.  
NOTICE OF PRIVACY PRACTICES**

**Effective Date:** 07/01/2025

**Address:** 1119 Merrillville Road, Suite 9, Crown Point, Indiana 46307

**Telephone:** (800) 631-9275

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## **I. INTRODUCTION**

This Notice of Privacy Practices is provided on behalf of Fortitude Spine Care Inc. ("the Practice") and is intended to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the Health Information Technology for Economic and Clinical Health ("HITECH") Act and applicable regulations promulgated thereunder. This Notice describes the manner in which the Practice may use and disclose a patient's protected health information ("PHI"), as well as the legal rights of the individual with respect to such information.

The Practice is legally required to maintain the privacy of PHI, to provide this Notice of our legal duties and privacy practices, and to abide by the terms of this Notice as currently in effect.

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## **II. PERMISSIBLE USES AND DISCLOSURES WITHOUT PATIENT AUTHORIZATION**

The Practice may use or disclose PHI for purposes of treatment, payment, and health care operations. "Treatment" includes the provision, coordination, or management of health care and related services among providers or by a provider with a third party. "Payment" includes activities undertaken to obtain reimbursement for the provision of health care, including billing, claims management, and collection activities. "Health care operations" includes activities such as quality assessment, case management, accreditation, internal auditing, licensing, credentialing, and other administrative or operational tasks.

PHI may also be disclosed without prior written authorization in circumstances required or permitted by law. Such circumstances include, but are not limited to, disclosures for public health purposes, reporting of abuse or neglect, compliance with judicial or administrative orders, law enforcement activities, disclosures to health oversight agencies, matters relating to decedents, organ and tissue donation, research (under certain conditions), to avert a serious threat to health or safety, and for specialized governmental functions such as military or national security activities. The Practice may also disclose PHI as required by state workers' compensation laws.

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### **III. USES AND DISCLOSURES REQUIRING WRITTEN AUTHORIZATION**

The Practice will not use or disclose PHI for purposes not described in this Notice without the patient's prior written authorization. Specific examples of disclosures requiring written authorization include, but are not limited to, disclosures for marketing purposes, the sale of PHI, or the release of psychotherapy notes when applicable. If an authorization is provided, it may be revoked by the patient in writing at any time, provided that the Practice has not already taken action in reliance upon the authorization.

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### **IV. PATIENT RIGHTS REGARDING PROTECTED HEALTH INFORMATION**

Patients have the right to request access to and obtain a copy of their PHI maintained by the Practice in a designated record set, in either paper or electronic format where available. Requests must be submitted in writing, and the Practice may charge a reasonable, cost-based fee consistent with applicable law.

Patients have the right to request an amendment to their health record if they believe the information is incorrect or incomplete. The Practice may deny the request under certain conditions, but any denial will be provided in writing with the reason and the opportunity to submit a statement of disagreement.

Patients may request an accounting of disclosures of PHI made by the Practice within the six-year period preceding the request, excluding disclosures made for treatment, payment, and health care operations, or pursuant to a valid authorization. The Practice will provide one accounting per year free of charge; a reasonable fee may be imposed for additional requests.

Patients may request that the Practice communicate with them using alternative means or at alternative locations. Such requests will be accommodated when reasonable and will not be conditioned on the reason for the request.

Patients may also request restrictions on the use or disclosure of PHI for treatment, payment, or health care operations. While the Practice is not required to agree to all requested restrictions, it is legally obligated to comply with a restriction if the disclosure is to a health plan for payment or operations purposes and pertains solely to a health care item or service for which the patient has paid in full out-of-pocket.

This Notice will be provided to patients at the time of their first encounter and is available thereafter upon request. Patients also have the right to obtain a paper copy of this Notice, even if they have agreed to receive it electronically.

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## **V. CHANGES TO THIS NOTICE**

The Practice reserves the right to revise this Notice at any time. Any such revision will be effective for all PHI maintained by the Practice at the time of the revision and will be made available in hard copy at the Practice location and, if applicable, on the Practice website. Patients may request a revised Notice at any time.

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## **VI. COMPLAINTS**

Patients have the right to file a complaint with the Practice or with the Secretary of the U.S. Department of Health and Human Services if they believe their privacy rights have been violated. Complaints to the Practice must be submitted in writing to the Privacy Officer at the address listed below. Retaliation against any individual for filing a complaint is strictly prohibited.

### **Privacy Officer**

#### **Douglas Ryan Evenhouse**

Fortitude Spine Care Inc.  
1119 Merrillville Road, Suite 9  
Crown Point, Indiana 46307  
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Email: [drryan@fortitudespine.com](mailto:drryan@fortitudespine.com)