

Advanced Neurosurgery

NOTICE OF PRIVACY PRACTICES FOR ADVANCED NEUROSURGERY PAGE 1 OF 3

This notice describes how your health information may be used and disclosed by Advanced Neurosurgery and how you can get access to this information. Please review it carefully.

INTRODUCTION

At Advanced Neurosurgery we are committed to treating and using protected health information about you responsibly. This notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information (PHI). This notice is effective April 14, 2003, and applies to all the protected health information as defined by federal regulations. Each time you visit Advanced Neurosurgery a record of your symptoms, examination, test results, diagnoses, treatment plan and other medical information is created which is referred to as your Health or Medical Record. We also may obtain Health Records from other providers.

In using and disclosing this protected health information, it is our objective to follow the Privacy Standards of the Federal Health Insurance Portability and Accountability Act, 45 CFR Part 464. This law allows us to use and disclose PHI without your specific authorization for treatment, payment, operations and other specific purposes explained later in this policy. This includes the sharing of information when necessary and appropriate with the other healthcare professionals involved in your care as necessary for your continued care. It also includes contacting you for the appointment reminders and follow-up care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

The following categories describe different ways that we use and disclose your health information: TREATMENT: We may use your health information to provide you with healthcare treatment or services. We may disclose health information about you to the doctors, nurses, technicians, medical assistants, medical students, health students or other medical personnel who are involved in taking care of you. They may work at our office, at the hospital if you are hospitalized or at another doctor's office, lab, pharmacy or other healthcare provider to whom we may refer you for consultation, to take x-rays, to perform lab results, to have prescriptions filled or for other treatment purposes. We may also disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

PAYMENT: We may use and disclose health information about you so that treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party. For example we may need to give your health plan information about your office visit so your health plan will pay us for that visit. We may also tell your health plan about a treatment you are going

to receive to obtain a prior approval or to determine whether your plan will cover the treatment.

HEALTHCARE OPERATIONS: We may use your health information to assess the care and outcomes in an effort to improve the quality of care and services provided or for educational purposes. For example an internal review team may review your medical records to determine the appropriateness of care. There may also be times in which our accountants, auditors, health information specialists or attorneys may review your PHI to meet their responsibilities.

BUSINESS ASSOCIATES: In some instances we have contracted separate entities to provide services for us. These associates require your health information in order to accomplish the tasks that we ask them to provide. Some examples of these business associates might be a billing service, collection agency, answering services and computer software/hardware provider.

COMMUNICATION WITH FAMILY: We will use our best judgment when disclosing health information to a family member, other relatives or any other person that is involved in your care, or that you have authorized to receive this information. Please inform the practice in writing when you do not wish a family member or other individuals to have authorization to receive your health information.

APPOINTMENT REMINDERS: The practice may use your information to remind you about upcoming appointments. Typically, appointment reminders are sent by mail or a brief non-specific message may be left on your answering machine or an email sent to you. If you don't approve of these methods, or if you prefer another number for us to contact you for this purpose, please let us know.

HEALTH RELATED SERVICES AND TREATMENT ALTERNATIVES: We may use and disclose your health information to tell you about health related services or recommend possible treatment options or alternatives that may be of interest to you. Please let us know if you don't wish us to send you this information, or if you wish to have us use a different address to send this information to you.

AS REQUIRED BY LAW: We will disclose health information about you when required to do so by federal, state or local law officials.

PUBLIC HEALTH RISKS: We may disclose health information about you for public health activities as required by the law. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be

using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or to notify the appropriate

Advanced **Neurosurgery**

NOTICE OF PRIVACY PRACTICES FOR ADVANCED NEUROSURGERY PAGE 2 OF 3

government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

PREVENT SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public. Any disclosure however would only be to someone able to help or prevent the threat.

MILITARY AND VETERANS: If you are a member of the armed forces or separated/discharged from military service, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

WORKERS COMPENSATION: We may release health information about you for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.

HEALTH OVERSIGHT ACTIVITIES: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

LAWSUITS AND DISPUTES: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

LAW ENFORCEMENT: We may release health information if asked to do so by a law enforcement official in reporting certain injuries as required by law, gunshot wounds, burns, injuries to perpetrators of crime, in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

CORONERS, HEALTH EXAMINERS AND FUNERAL DIRECTORS: We may release health information to a coroner or health examiner. This may be necessary to identify a deceased person or determine cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES: We may release health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS: We may disclose health information about you to authorized federal officials so they may provide protection to the President of the United States, other authorized persons, or foreign heads of state, or conduct special investigation.

CORRECTIONAL INSTITUTIONS: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with healthcare, to protect your health and safety, the health and safety of others, or for the safety and security of the correctional institution.

RESEARCH, TEACHING AND TRAINING: We may use your PHI where the disclosure is solely for the purpose of designing a study or where the disclosure concerns decedents, or an institutional review board or privacy board has determined that obtaining authorization is not feasible and protocols are in place to ensure the privacy of your health information. In all other situations we may only disclose PHI for research purposes with your authorization.

You have the following rights regarding health information we maintain about you:

RIGHT TO INSPECT AND COPY: You have the right to inspect and photocopy your health information for a fee of \$0.60 per page and the actual cost of postage per NRS 629.061, except that you are not entitled to access or to obtain a copy of psychotherapy notes and information compiled for legal proceedings.

RIGHT TO AMEND: If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information in writing. You have the right to request an amendment for as long as we keep the information. In addition, you must provide a reason that supports your request for an amendment. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that was not created by us, the person or the entity that created the information is no longer available to make the amendment; or is not part of the health information kept by or for our practice, is not part of the information which you would be permitted to inspect or copy, or is accurate and complete. In most cases we will respond within thirty days.

RIGHT TO REQUEST RESTRICTIONS ON THE USES AND DISCLOSURES OF PHI: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for

your care, such as a family member or friend. For example you could ask that we restrict a specified nurse from use of your information, or that we not disclose any information to

Advanced **Neurosurgery**

NOTICE OF PRIVACY PRACTICES FOR ADVANCED NEUROSURGERY PAGE 3 OF 3

your spouse about a surgery you had. WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST FOR RESTRICTIONS IF IT IS NOT REASONABLE FOR US TO ENSURE OUR COMPLIANCE, OR WE BELIEVE IT WILL NEGATIVELY IMPACT THE CARE PROVIDED TO YOU. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing. In your request you must tell us what information you want to limit and to whom you want the limits to apply.

RIGHT TO AN ACCOUNTING OF DISCLOSURE: You have the right to obtain an accounting of disclosures of your health information, except that we are not required to account for disclosures for treatment, payment, and operations, or pursuant to authorization, among other exceptions. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list.

RIGHT TO REQUEST COMMUNICATION WITH YOU IN A SPECIFIC METHOD: You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. You must make your request in writing.

RIGHT TO A PAPER COPY OF THIS NOTICE: You have the right to obtain a paper copy of this notice at any time. However at the time of first service rendered after April 14, 2003, it is required that you receive a paper copy. To obtain a copy, please request.

RIGHT TO REVOKE AN AUTHORIZATION: You can revoke an authorization to use or disclose PHI at any time except where action has already been taken.

OUR RESPONSIBILITIES: Law requires us to:

- Maintain the privacy of your health information.
- Provide you with the notice of our legal duties and privacy practices with respect to PHI.
- Abide by the terms of the notice currently in effect.
- Notify you if we are unable to agree to the requested restriction.
- Post notice of any changes to our privacy policy in the lobby and make a copy available to you upon request.
- Use or disclose your PHI only with your authorization, except as described in this notice.
- Follow more stringent law in any circumstance where other state or federal law may further restrict the disclosure of your PHI.
- Accommodate reasonable requests you may have regarding communication of health information via alternative means and/or locations.

WE RESERVE THE RIGHT to change this notice and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post the copy of the current notice in our facility.

If you believe your privacy rights have been violated, you may file a complaint with us by contacting our Office Manager, or with the Secretary of the Department of Health and Human Services. There will be no retaliation for filing a complaint with either the practice's Privacy official or with the Office for Civil Rights, US Department of Health and Human Services.

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.