

Neurosurgical Associates, Ltd.

Notice of Privacy Practices

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

1. During your treatment at Neurosurgical Associates, the doctors, nurses and other staff members are permitted to make uses and disclosures of your protected health information. This notice will explain how such information may be used and shared with others. It will also explain your privacy rights regarding this kind of information.

Your medical information may be used and disclosed for the following purposes:

- a. **For treatment** – We will use your information to provide, coordinate and manage your care and treatment. For example, a clinic physician may share your medical information with another physician for a consultation or a referral.
- b. **For payment** – We will use your information to receive payment for the services we provide. For example, we will disclose information in order to submit bills or claims to insurance companies and/or Medicare or Medicaid.
- c. **For health care operations** – We will use your information for certain activities related to the functioning of our clinic. For example, we may use or disclose information for quality assurance activities, legal services, underwriting, and other business management and administrative activities.
- d. **For Appointment Reminders and Other Health Information** – We may use your medical information to send you reminders about future appointments. Your medical information may also be used to provide you with information about new or alternative treatments or other health care services.
- e. **Family Members or Other Responsible People** – We may disclose your medical information to people who will be taking care of you or helping to pay your medical bills, such as family members or close friends. Our clinic will only disclose medical information that these people need to know. We may also use your medical information to let family members or other responsible people know where you are and what your general medical condition is. If you are able to make your own health care decisions, our clinic will ask your permission before using your medical information for these purposes. If you are unable to make health care decisions, our clinic will disclose relevant medical information to family members or other responsible people if we feel it is in your best interest to do so. For example, we may provide limited medical information to allow a family member to pick up a prescription or x-ray for you.
- f. **Emergency Conditions** – In an emergency situation, our clinic may disclose your medical information to government or other groups that assist in emergencies or disasters.
- g. **Other Uses or Disclosures** – Our clinic may disclose or use your information without your consent in the following cases: when required by law; for public health activities; relating to victims of abuse/neglect/domestic violence, if required/authorized by law and/or if you agree; for health oversight activities; for judicial and administrative proceedings to the extent permitted by law; for law enforcement purposes, as permitted or required by law; to coroners/medical examiners/funeral directors, as permitted by law; for organ donation purposes; for research purposes under certain circumstances; to avert a serious threat to health or safety; for certain specialized government functions, such as military discharge, and national security and intelligence; and for workers' compensation purposes.

Neurosurgical Associates will not use or disclose your medical information in any other way unless you allow us to do so in writing. If you do give us permission to use or disclose your medical information for another purpose, you have the right to change your mind and revoke the permission at any time.

Your Privacy Rights:

- You may request that Neurosurgical Associates not use your medical information in certain ways or for certain purposes. You may also request that we not provide your medical information to certain people. However, Neurosurgical Associates has the right to refuse your request, and we may use or disclose your medical information in situations requiring emergency treatment, in which case we will ask the person(s) who receive the information not to further use or disclose the information.
- You may request that Neurosurgical Associates provide you with your medical information in a confidential manner. For example, you can request that we send your appointment reminders, bills and other mailings to a different address or that we provide you with this kind of information in another way, such as by a phone call. You must make this request in writing and specify another address or means of communication. We may also ask you to give us information on how you will pay your bills.
- You may ask to see and copy your medical records, unless that information is protected by law. You must make these requests in writing. If your request to look at or copy your medical records is denied, you have the right to have the denial reviewed by one of our health care professionals. We will act upon your request within 30 days, and we may charge you a legally acceptable amount for copying costs.
- You may ask us to change information in your medical records. If your request is denied, you can write a statement of disagreement with the denial that we will keep with your medical information.
- You may ask us to provide you with information about certain disclosures of your medical information in the past. (Note: an accounting is NOT required for disclosures made prior to the compliance date of April 14, 2003 – After April 14, 2009; the request can only go back for the last 6 years.)
- If you have received this notice of your medical information privacy rights electronically, you may ask us to provide you with a paper copy.
- If you feel your medical information privacy rights have been violated, you may file a complaint with the Secretary of Health and Human Services, and/or with the Clinic contact person listed below. Filing a complaint will not affect the quality of the service you receive from Neurosurgical Associates and you will not be retaliated against for filing a complaint.
- You can contact the designated Privacy Officials at Neurosurgical Associates:

Bonnie Francisco, Administrator
612-871-7278

-or- Lori DeCock, Operations Manager
612-871-7278

The effective date of this notice is April 14, 2003. Neurosurgical Associates is required by law to maintain the privacy of protected health information and to provide individuals with this notice of its legal duties and privacy practices with respect to health information. Neurosurgical Associates is required to abide by the terms of the notice currently in effect. We reserve the right to change the terms of this notice and to make new notice provisions effective for all protected health information maintained by us. If the terms of this notice are changed, Neurosurgical Associates will provide individuals with a revised notice upon request and by posting the revised notice in designated locations at Neurosurgical Associates.