

NEUROSURGERY SPECIALISTS

PRIVACY NOTICE

Effective Date:
April 14, 2003

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.

Neurological Surgery, Inc. dba Neurosurgery Specialists (NSI) is required by federal law to maintain the privacy of qualifying medical information and to provide you with a notice of its privacy practices. NSI will not use or disclose your qualifying medical information except as described below. This Notice of Health Information Practices applies to all qualifying medical information generated and maintained by NSI.

A. DESCRIPTION OF USES AND DISCLOSURES OF MEDICAL INFORMATION

The following categories describe the ways that NSI may use and disclose your medical information:

1. **Treatment:** NSI may use and disclose your medical information for medical treatment purposes. Medical treatment purposes include but are not limited to the provision, coordination or management by NSI of diagnostic, healthcare, and related services, consultation between NSI and other healthcare providers regarding medical care treatment, or the referral of a patient for healthcare services from NSI to another healthcare provider. NSI may need to disclose medical information in order to obtain approval for a recommended treatment plan, NSI may make disclosure of all or any portion of your medical record information to physician(s), nurses, technicians, medical students, and other health care providers who have a legitimate need for the information in connection with your medical care and treatment.
2. **Payment:** NSI may use and disclose your medical information for payment purposes. Payment purposes include but are not limited to activities involving obtaining insurance benefits, determining eligibility or coverage under insurance policies, the coordination of insurance benefits, the adjudication or subrogation of health benefit claims, risk adjusting amounts, billing, claims management, collection activities, obtaining payment under a contract for reinsurance, related healthcare data processing, medical necessity or coverage review, utilization review and disclosure of information to consumer reporting agencies. Your medical information may be released to an insurance company, third party payer, or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or excerpts of your medical record which are necessary for payment of your account.
3. **Routine Healthcare Operations:** NSI may use and disclose your medical information during routine business operations of NSI, including quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing or credentialing activities of NSI, medical research and educational purposes.
4. **Special Circumstances That May Require Release of Medical Information Without Written Consent:**
 - A. Federal, State or Local law in connection with Public Health Activities or concerns.
 - B. Victims of abuse, neglect, or domestic violence.
 - C. Health oversight activities as authorized by law.
 - D. Law enforcement purposes in response to a valid subpoena or court order.
 - E. Coroner, Medical Examiner, Funeral Directors.
 - F. Organ Procurement Organizations for the purpose of tissue donation and transplantation.
 - G. Researchers whose clinical research study has received approval which complies with applicable law.
 - H. Prevention or lessen a serious and imminent threat to the health or safety of a person or the public.
 - I. Specialized Government Functions such as: military command authorities if you are in the military or a veteran, National security and intelligence activities, protective services for the President and others, or a correctional facility if you are an inmate.
 - J. Workers' Compensation laws or other similar programs that provide benefits for work related injuries or illnesses.
 - K. As Required by Law.
5. **Family/Friends:** Under certain circumstances, NSI may disclose information about you to a family member, a close personal friend, or any other individual you identify to NSI, if disclosure of the medical information is directly relevant to that person's involvement in your medical care and treatment. NSI may also disclose medical information about you to a family member, a personal representative or another person responsible for your care and treatment in connection with notification to such person of your location, general condition or death. In addition, NSI may disclose 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.

6. **Reminders:** NSI may use and disclose your medical information to provide appointment reminders or information about treatment alternatives or other health related benefits or services that may be of interest to you.
7. **Business Associates:** NSI may use and disclose your medical information about you to its business associates. A business associate is an individual or entity under contract with NSI to perform or assist NSI in a function or activity which necessitates the use or disclosure of your medical information. Examples include: medical transcriptionists, accountants, lawyers, billing companies, and consultants. NSI requires that its business associates protect the confidentiality of your medical information.
8. **Other Uses and Disclosures:** Any other uses and/or disclosures of your medical information will be made only with your authorization. Your authorization may be revoked as desired by must be communicated in writing.

B. **DESCRIPTION OF YOUR MEDICAL INFORMATION RIGHTS:**

All records created and maintained by NSI relating to your medical care and treatment are the property of NSI; however, you have the following rights concerning your medical information:

1. **Right to Inspect and Copy:** You have a right to inspect and copy medical and billing records that we maintain excluding psychotherapy notes. To inspect and/or copy your medical information, you must submit your request in writing to the medical records clerk in our office. Please allow seven to fourteen days, depending on whether or not your chart is in storage. By Oklahoma statute, we currently charge \$0.25 per copied page plus postage costs.
2. **Right to an Accounting of Disclosures:** You have the right to request a list of the disclosures we have made of your medical information. To request this list, you must submit your request in writing to the medical records clerk in our office. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request must state in what form you want the list. Each year, the first copy of the list is free, but each additional list may involve a cost.
3. **Right to Amend:** You have the right to request an amendment to the medical information we have about you if you believe it is incomplete or incorrect. To request an amendment, your request must be made in writing; include a reason for your request and be submitted to the privacy officer. We may deny your request for an amendment for the following reasons: it is not in writing; does not include a reason; the information was not created by us; is not part of the medical information kept by our practice; is not part of the information which you would be permitted to inspect and copy; or in our judgement, the information is accurate and complete as it appears or as it was at the time it was originally recorded. A request for an amendment will be acted on no later than 60 days after its receipt.
4. **Right to Request Restrictions:** You have the right to request a restriction on the information we use or disclose for treatment, payment or health care operations. However, we must receive your restrictions in writing before disclosure. Also, if you restrict our right to use your medical information for treatment, payment or health care operations, we are not required to agree to the restriction and reserve the right to immediately withdraw our services from you and terminate the physician-patient relationship.
5. **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example: only contact you at work, home, by mail, phone, answering machine, etc. Your request must be specific and in writing to the privacy officer in our office.
6. **Right to Receive a Copy of this Notice:** You have the right to receive a paper copy of this Privacy Notice.

C. **FOR MORE INFORMATION OR TO REPORT A PROBLEM:** If you have questions and would like additional information, you may contact the privacy officer at 6767 -A South Yale, Tulsa, Oklahoma, 74136, (918) 492-7587. If you believe your privacy rights have been violated, you may file a complaint with the NSI Privacy Officer or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. There will be no retaliation by NSI if you file a complaint.

D. **CHANGES TO THIS NOTICE:** NSI will abide by the terms of this Notice with respect to the manner in which it uses and discloses your medical information. NSI reserves the right to revise the terms of this notice and to make revised notice provisions effective for all medical information maintained by NSI. Should NSI change its policies, you may request a copy of the revised notice provisions from NSI.