



Midwest NeuroSurgery & Spine Specialists
Midwest Neuroimaging Center
Midwest Neuroscience Foundation
Effective 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.

The law requires us to keep your medical records confidential and to provide you with this Notice of Privacy Practices describing how we may use and disclose your health information, including your medical history, symptoms, examination and test results, diagnoses and treatment plans, to carry out treatment, payment and health care operations and for other purposes that are allowed or required by law. It also describes your rights to review and control the use and disclosure of your health information.

We are required to follow the privacy practices described in this Notice. We may change our privacy practices at any time. The revised privacy practices will be set forth in a revised Notice and will be effective for all health information that we maintain at that time. Upon your request, we will provide you with a copy of the most recent Notice. A current copy of our Notice of Privacy Practices will be posted in our office in a visible location at all times.

1. **Uses and Disclosures.** The law allows us to use and disclose your health information for treatment, payment and health care operations. The following are examples of such uses and disclosures:
 - a. **Treatment.** We will use and disclose your health information to individuals within our office in order to provide, coordinate, and manage your medical care and any related services. This includes the use or disclosure of your health information to aid in the coordination or management of your medical care with a third party. For example, your health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
 - b. **Payment.** Your health information will be used or disclosed, as needed, to allow us to obtain payment for health care services provided to you. This may include disclosure to your health insurance plan or carrier as they undertake certain activities before approving or paying for medical services. Such activities include making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.
 - c. **Healthcare Operations.** We may use or disclose, as needed, your health information to operate our business. These activities include, but are not limited to, quality assessment and improvement activities, reviewing the quality of care provided by your health care providers, training of personnel and medical students, licensing, and conducting or arranging for other business activities.
 - d. **Incidental Uses and Disclosures.** There may also be incidental uses or disclosures of your health information as a result of otherwise allowed uses and disclosures. Such uses and disclosures may occur because they cannot reasonably be prevented. For example, when your name is called in the waiting room, we cannot reasonably prevent others from overhearing your name.



- e. **Other.** We may use or disclose your health information, as necessary, to contact you to schedule surgery, an appointment or diagnostic study, including leaving messages on your answering machine or voicemail.



We will share your health information with other organizations that perform various activities on our behalf. Whenever an arrangement between our office and another organization involves the use or disclosure of your health information, we will have a written contract that contains terms that will protect the privacy of your health information.

We may disclose your health information to another health care provider of yours for their health care operations relating to their quality assessment and improvement activities, reviewing the competence or qualifications of their health care professionals, or detecting or preventing health care fraud and abuse.

2. **Uses and Disclosures Allowed or Required by Law.** We may use or disclose your health information in the following situations as allowed or required by law:
- a. **Required By Law.** We may use or disclose your health information if we are legally required to do so. We will limit the use or disclosure to that required by such law.
 - b. **Public Health.** We may disclose your health information to a public health authority for purposes of controlling disease, injury or disability. We may also disclose your health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
 - c. **Communicable Diseases.** We may disclose your health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
 - d. **Health Oversight.** We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include, but are not limited to, government agencies that oversee the health care system, government benefit programs, other government regulatory programs and entities subject to civil rights laws.
 - e. **Abuse or Neglect.** We may disclose your health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your health information to the governmental entity or agency authorized to receive such information if we believe that you have been a victim of abuse, neglect or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
 - f. **Food and Drug Administration (FDA).** We may disclose your health information to a person or company as required by the FDA for purposes relating to the quality, safety or effectiveness of FDA regulated products or activities.
 - g. **Legal Proceedings.** We may disclose health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions, in response to a subpoena, discovery request or other lawful process.
 - h. **Law Enforcement.** We may disclose health information, so long as applicable legal requirements are met, to law enforcement officials, for law enforcement purposes.



time. Your revocation shall not apply to those uses and disclosures we made on your behalf pursuant to your authorization prior to the time we received your written revocation.



4. **Others Involved in Your Healthcare.** We may disclose to a member of your family, a relative, a close friend or any other person you identify, your health information that directly relates to that person's involvement in your health care or who has responsibility for payment of your Health care. We may also use or disclose your health information to notify or assist in notifying a relative or any person responsible for your care, of your location, general condition or death. In addition, we may use or disclose your health information to a public or private entity, authorized by law or by its charter to assist in disaster relief efforts, for the purposes of coordinating the above uses and disclosures to your family or other individuals involved in your health care.

5. **Your Rights.** Following is a statement of your legal rights with respect to your health information a brief description of how you may exercise these rights.
 - a. **Access.** You have the limited right, subject to certain grounds for denial, to look at all of your health information that we keep except for the following records; psychotherapy notes information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and certain laboratory information restricted by federal law. You also have the limited right, subject to certain grounds for denial, to obtain copies of that health information you have a right to look at. Our office may charge you a reasonable fee for copying, mailing, labor and supplies associated with your request. Any request for access to or copies of your health information must be in writing and provided to our Privacy Officer. If your request for access to or copies of your health information is denied, you may, depending on the circumstances, have a right to have a decision to deny access reviewed. We will provide you, in writing, with our reasons for denial of access and, if, by law, you are allowed to have such denial reviewed, we will provide you with instructions for having a denial of access reviewed.

 - b. **Restrictions.** You may ask us to restrict the use or disclosure of any part of your health information to carry out treatment, payment or healthcare operations. You may also request that any part of your health information not be disclosed to family, relatives or friends who may be involved in your care or to notify them of your location, general condition or death. In addition, you may request that we restrict the use and disclosure of your health information for disaster relief efforts. Your request must be in writing, addressed to our Privacy Officer and state the specific restriction requested and to whom you want the restriction to apply. If you are not present or able to express an objection or request a restriction to such use or disclosure, then your physician may, using the physician's professional judgment, determine whether the use or disclosure is in your best interest.

We are not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your health information, your health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your health information in violation of that restriction unless there is an emergency. We may terminate our agreement to restrict uses and disclosures of your health information by providing you with written notice of such; provided, however, that our termination shall only be effective with respect to health information created or received after we have given you notice of termination of the restriction.



- c. **Confidential Communication.** You have the right to request that we send your health information to you by alternative means or to an alternative location. We will accommodate reasonable requests. We may condition this accommodation by having you sign an authorization, asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will request an explanation from you as to the basis for the request. Your request must be in writing, addressed to our Privacy Officer, and state the accommodations you are requesting.
 - d. **Amendments.** You may request an amendment of your health information that we maintain. Such request must be in writing and provided to our Privacy Officer. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement that will become part of your health information. If you file a statement of disagreement, we reserve the right to respond to your statement. You will receive a copy of any response we make and any such response will become part of your health information.
 - e. **Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures we have made, if any, of your health information. This right applies to disclosures made on and after April 01,2003 for purposes other than (i) treatment, payment or healthcare operations as described in this Notice; (ii) disclosures made to you; (iii) disclosures to family members or friends involved in your care or for notification purposes; or (iv) disclosures pursuant to an authorization. The right to receive this information is subject to certain exceptions, restrictions and limitations. Your request for an accounting must be in writing, addressed to our Privacy Officer.
 - f. **Electronic Notice.** If you receive a copy of this Notice on our website or by e-mail, you have the right to obtain a paper copy from us upon request.
6. **Complaints.** You may complain to us or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. To complain to us, you may send our Privacy Officer a letter describing your concerns to the address found below. We respect your privacy and support any efforts to protect the privacy of your health information. We will not retaliate against you for filing a complaint.
7. **Privacy Officer Contact Information.** If you have any questions about this Notice, you may contact our Privacy Officer by telephone, e-mail, facsimile, or mail at the address set forth below. If, however, you want to exercise any of your rights pursuant to this Notice of Privacy Practices or have a complaint, such action must be in writing and faxed or mailed to our Privacy Officer at the address set forth below.

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**RECEIPT OF NOTICE
OF PRIVACY PRACTICES**

Your signature on this consent will allow us to release information to, and receive information from, other healthcare providers for continuation of your healthcare. It will also allow you access to your own records from our facility without signing another consent. Your signature allows us to send your information via mail, fax, or electronically.

I have received a copy of Midwest Neurosurgery's Notice of Privacy Practices which are effective April 14, 2003.

Date

Printed Name

Signature

Note: If signed by someone other than the patient, we need written proof of your authority.