

Tallahassee Neurological Clinic, P.A.
Department of Neurosurgery
Notice of Privacy Practices

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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information that may identify you and that related to your past, present or future physical or mental health or condition and related health care services.

We are required to:

- Maintain the privacy of your protected health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect & maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you have to communicate protected health information by alternative means or at alternative locations

We reserve the right to change this notice and the revised or changed notice will be effective for protected health information we already have about you as well as any protected health information we receive in the future. The current notice will be posted in our facility and include the effective date. A copy of the current notice will be available for you to request to take with you.

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

- **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we may disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected 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. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.
- **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

- **Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of our physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In additions, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.
- **Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include our accountants, consultants and attorneys. When these services are contracted, we may disclose your protected health information to our business associated so that they can perform the job we have asked them to do. To protect your protected health information, however, we require the business associates to appropriately safeguard your information.
- **Communication with Family:** We may release protected health information about you to a close personal friend, family member or other relative, or to a healthcare surrogate or patient representative who is involved in your medical care or who helps pay for your care.
- **Research:** Under certain circumstances, we may use and disclose your protected health information for research purposes. All research projects are subject to a special approval process that evaluates a proposed research project and its use of medical information. Before we use or disclose information for research, the project will have been approved through this research approval process; however, we may disclose your protected health information to people preparing to conduct a research project to help them look for patients with specific medical needs, so long as the information they review does not leave our facility.
- **Funeral Directors:** We may disclose your protected health information to funeral directors and coroners to carry out their duties consistent with applicable law.
- **Organ Procurement Organizations:** Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- **Health-Related Communications:** We may contact you to provide appointment reminders or information about treatment alternatives.
- **Fund Raising:** We may contact you as part of a fund-raising effort.
- **Workers Compensation:** We may disclose your protected health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- **Public Health:** We will disclose your protected health information for public health activities as required by law. These activities generally include the following: (a) to prevent or control disease, injury or disability; (b) to report births and deaths; (c) to report child abuse or neglect; (d) to report reactions to medications or problems with products; (e) to notify people of recalls of products they may be using; (f) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or conditions; and (g) to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence.
- **Law Enforcement:** We may disclose protected health information for law enforcement purposes as required by law.
- **Reports:** Federal law allows for protected health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.
- **Lawsuits and Disputes:** We may disclose your protected health information in response to a court order in a civil or criminal action, unless otherwise prohibited by law, upon the issuance of a subpoena

from a court of competent jurisdiction and proper notice by the party seeking such records to you or your legal representative.

- **Health Oversight:** We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, quality assurance, inspections, and health care cost containment.
- **Disciplinary Proceedings:** We may disclose your protected health information to the Agency for Health Care Administration upon a valid subpoena for the purpose of the investigation, prosecution and appeal of disciplinary proceedings.
- **As Required by Law:** We will disclose your protected health information when required to do so by Federal, State, or Local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures would only be to someone able to help prevent the threat.
- **Military and Veterans:** If you are a member of the armed forces, we may release information about you as required by military authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.
- **National Security and Intelligence Activities:** We may release information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President of the United States and others:** We may disclose information about you to authorized federal officials so they may conduct special investigations and provide protection to the President or other officials and dignitaries.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is our physical property, the information in your health record belongs to you. You have the following rights:

- You may request that we not use or disclose your protected health information for a particular reason related to treatment, payment, and our general health care operations, and/or to someone who is involved in your care or the payment for your care, like a particular family member, other relative or close personal friend. We ask that such requests be made in writing on a form provided to you by us. Although we will consider your request, we are under no obligation to accept it or to abide by it.
- If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your protected health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing, and submitted to the Privacy Officer. We will attempt to accommodate all reasonable requests.
- You may request to inspect and/or obtain copies of your protected health information, which will be provided to you in the time frames established by law. We may deny your request in certain limited circumstances. If you request copies, we will charge you a reasonable, cost-based fee.
- If you believe that any protected health information in your record is incorrect or if you believe that important information is missing you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that you use the form provided by us to make such requests. We may deny your request in certain limited circumstances. For a request form, please contact the Privacy Officer.
- You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you request. The time period may not exceed 6 years from the date of your request and may not include dates before April 14, 2003. We ask that such requests be made in writing on a form provided by us. An accounting will not apply to certain types of disclosures such as: disclosures made for reasons of treatment, payment or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosure for national security purposes. You will not be charged for your first accounting request in any 12 month period. However, for any requests that you

make thereafter, you will be charged a reasonable, cost-based fee. We will notify you in advance of the fee and you may choose to withdraw or modify your request at that time before any costs are incurred.

- You have a right to obtain a paper copy of our Notice of Privacy Practices upon request.
- Other uses and disclosures of your protected 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, upon written request to the Privacy Officer, 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.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact our Privacy Officer, Kimberly Mixon, at 850-877-5115.

If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing on a form provided by us. The complaint form may be obtained from the Privacy Officer, and when completed should be returned to the Privacy Officer. You may also file a complaint with the Secretary of the Federal Department of Health and Human Services. There will be no retaliation for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgement of receipt of this notice. Our privacy practices concerning your health information will not be affected if you decline to sign the acknowledgement.

EFFECTIVE DATE: April 14, 2003