

TOMASZEK NEUROSURGICAL ASSOCIATES

PRIVACY POLICY

This notice describes how medical information about you may be used and disclosed, and how you can access your own records. Please review this Notice carefully. If you have any questions regarding our Privacy Policy, you may contact our office at any time. Tomaszek Neurosurgical Associates is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) 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 PHI. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. Upon request, we will provide you with any revised Notice of Privacy Practices.

1. Use and Disclosures of Protected Health Information:

You will be asked by Tomaszek Neurosurgical Associates to sign a form stating that you have received this Notice. Tomaszek Neurosurgical Associates will use or disclose your PHI as described in the previous clause. Your PHI may be used and disclosed by Tomaszek Neurosurgical Associates, our 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 PHI may also be used and disclosed to pay your medical bills relating to the treatment rendered by Tomaszek Neurosurgical Associates.

a. Treatment:

We will use and disclose your PHI 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 that has already obtained your permission to have access to your PHI. We will also disclose PHI to other physicians who may be treating you. In addition, we may disclose your PHI from time-to-time to another physician or health care provider who, at the request of your physician, becomes involved in your care.

b. Payment:

Your PHI 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.

c. Healthcare Operations:

We may use or disclose, as-needed, your PHI in order to support the business activities of Tomaszek Neurosurgical Associates. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities.

d. Others Involved in Your Healthcare:

Unless you object,

2. Other Permitted and Required Uses and Disclosures:

Tomaszek Neurosurgical Associates are also permitted to use or disclose your PHI without your written authorization for the following purposes: as required by law; for public health activities; in case of abuse or neglect; research purposes;

legal proceedings; law enforcement purposes; criminal activity; military activity; and if requested by the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rule.

3. Your Rights:

- a. You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of your PHI, in paper or electronic format. We have the right to charge a reasonable fee for paper or electronic copies as established professional, state, or federal guidelines. Under federal law however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances you may have a right to have this decision reviewed.
- b. You have the right to request a restriction of access to your PHI. You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your case or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. In certain cases, we may deny your request for a restriction. You will have the right to request that we restrict communication to your health plan regarding a specific treatment or service that you, or someone on your behalf, has paid for in full, out-of-pocket. We are not permitted to deny this specific type of requested restriction. All requests to restrict your PHI must be submitted in writing.
- c. You may have the right to request an amendment to your PHI. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our office if you have any questions regarding amendments of medical records. All requests to amend your PHI must be submitted in writing.
- d. You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. The right to receive this information is subject to certain exceptions, restrictions and limitations. All requests should be submitted in writing to our Office Manager.
- e. You have the right to receive written notification if the practice discovers a breach of your unsecured PHI, and determines through a risk assessment that notification is required.
- f. You have the right to obtain a paper copy of this notice from us, upon request.