

NEUROSURGERY AND SPINE SPECIALISTS  
5831 BEE RIDGE ROAD, SUITE 100  
SARASOTA, FL 34233

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**NOTICE OF PRIVACY PRACTICES - *Effective January 2007***

**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**

If you have any questions about this notice, please contact **Beth Buckley, Practice Manager/Privacy Officer**, at **941-308-5700, 5831 Bee Ridge Road, Sarasota, Florida 34233**.

**WHO WILL FOLLOW THIS NOTICE**

This notice describes the information privacy practices followed by our employees, staff and other office personnel. The practices described in this notice will also be followed by health care providers you consult with by telephone (when your regular health care provider from our office is not available) who provide "call coverage" for your health care provider.

**YOUR HEALTH INFORMATION**

This notice applies to the Protected Health Information (PHI) we have about you. Protected health information is information that may identify you (such as your name, address, social security number) and that relates to your past, present, or future physical or mental health, and the health care and services you receive.

We are required by law to: make sure your PHI is private; give you this notice; and follow the terms of this notice. This notice will tell you about the ways in which we may use and disclose PHI about you and describes your rights and our obligations regarding the use and disclosure of that information.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment:** We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for a spine problem and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work, and ordering X-rays. Other health care providers may be part of your medical care outside this office and may require information about you that we have.

**For Payment:** We may use and disclose PHI about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

**For Health Care Operations:** We may use and disclose PHI about you in order to run the office and make sure that you and our other patients receive quality care. For example, we may use your PHI to evaluate the performance of our staff in caring for you. We may also use PHI about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

**Business Associates:** We may disclose PHI about you to a third party “business associates” that perform various activities for, or provide a service to our practice. For example, we may send PHI about you to companies that assist us in billing, or transcribing and copying your medical record. We require our business associates to appropriately safeguard your PHI.

**Appointment Reminders:** We may contact you as a reminder that you have an appointment for treatment or medical care at the office.

**Treatment Alternatives:** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Products and Services:** We may tell you about health-related products or services that may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing (at the address listed at the top of this Notice) that you do not wish to receive such communications, we will not use or disclose your PHI for these purposes.

## **SPECIAL SITUATIONS**

We may use or disclose PHI about you without your authorization for the following purposes, subject to all applicable legal requirements and limitations:

**To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI 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.

**Required By Law:** We will disclose PHI about you when required to do so by federal, state or local law.

**Research:** We may use and disclose PHI about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

**Organ and Tissue Donation:** If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

**Military, Veterans, National Security and Intelligence:** We may disclose PHI about you to authorized federal officials for conducting national security and intelligence activities, including for the provision of

protective services to the President. If you are or were a member of the armed forces, we may be required by military command or other government authorities to disclose PHI about you. We may also disclose PHI about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation:** We may disclose PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** We may disclose PHI about you to public health agencies or legal authorities for public health reasons including the following: to prevent or control disease, injury or disability; to report births, deaths, suspected abuse or neglect, and reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this last disclosure when required or authorized by law.

**Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, or licensure. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may disclose PHI if asked to do so by a law enforcement official for law enforcement purposes including: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; pertaining to a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; when we suspect that death has occurred as a result of criminal conduct; in the event that a crime occurs on the premises of our practice; and in medical emergency circumstances where it is likely that a crime has occurred, to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose PHI to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose PHI about you to a funeral director, as authorized by law, in order for the director to carry out his or her duties.

**Inmates:** We may disclose PHI about you to the correctional institution or law enforcement official holding you in custody. This release would be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

**Individuals Involved In Your Care:** We may disclose PHI about you to your family, friends, or other persons you identify, if we obtain your verbal or written agreement to do so, or if we give you an opportunity to object to such a disclosure and you do not raise an objection. This means we may disclose PHI to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may infer that you do not object to our disclosure of your PHI to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are unable to agree or object (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure

to your family member or friend is in your best interest. In that situation, we will disclose only PHI relevant to the person's involvement in your care. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X-rays. In an emergency situation, we may use and disclose PHI about you, or we may disclose PHI about you to a private or public authorized disaster relief organization, to locate and notify a family member, a personal representative, or another person responsible for your care about your location, condition, or death.

## **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your PHI for any purpose other than those identified in the previous sections without your specific, written *Authorization*. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, in writing, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses previously done with your authorization.

If we have information about you pertaining to HIV/AIDS, substance abuse, mental health, or sexually transmitted, we cannot disclose that information without a special signed and written authorization from you.

## **IDENTITY THEFT PREVENTION/RED FLAG RULE**

In order for Neurosurgery and Spine Specialists to comply with state and federal regulations, we have put into place our Identity Theft Prevention Program. As part of the Federal Trade Commission's (FTC's) implementation of the Fair and Accurate Credit Transactions Act of 2003, some medical providers must comply with the "Red Flag" rule, which requires "creditors" to establish a program to prevent identity theft in their practices. Since we allow monthly payments on patient balances; we qualify as a "creditor".

In adherence to the "Red Flag" rule, we have put policies and procedures into place to protect our patient's Protected Health Information (PHI) and other sensitive personal identification information such as Social Security number, and credit card numbers. We have added this to our annual compliance training program to ensure employees adhere to the policies and procedures. All new staff members will receive training within a reasonable time after joining the workforce.

Should we identify a "Red Flag" through inconsistent or suspicious documents, information or activity that may signal identity theft, we will adhere to all policies and procedures to ensure appropriate measures are taken to protect the patient and/or information. If we detect a "Red Flag" through discrepancies in documents and patient information that suggest risk of identity theft or fraud, we will verify patient identity, address and insurance coverage through a copy of your driver's license, health card and utility bills or other correspondence showing current residence. In response to detecting a "Red Flag" we will investigate the situation. If the fraudulent activity involves PHI covered under the HIPAA security standards, we will also apply our existing HIPAA security policies and procedures to the response.

Neurosurgery and Spine Specialists will adhere to all policies and procedures to ensure the proper handling in identifying, detecting, and responding to "Red Flag". The patient will be notified to contact the police, to file an Identification Theft Affidavit, if necessary.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

**Right to Inspect and Copy:** You have the right to inspect and copy your PHI, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to **Beth Buckley, Practice Manager/Privacy Officer**, in order to inspect and/or copy your PHI. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other

associated supplies. We may deny your request to inspect and/or copy records in certain limited circumstances.

**Right to Amend:** If you believe the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment, complete and submit a Medical Record Amendment/Correction Form to **Beth Buckley, Practice Manager/Privacy Officer**. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) Is not part of the PHI that we keep, or is kept for us, and is used by us to make decisions about your care.
- c) You would not be permitted to inspect and copy.
- d) Is accurate and complete.

**Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of PHI about you to others. The list will not include disclosures made: for treatment, payment, and health care operations; to you; incident to a permitted use or disclosure; pursuant to an authorization; for national security or intelligence purposes; and to correctional institutions or law enforcement officials. To obtain this list, you must submit your request in writing to **Beth Buckley, Practice Manager/Privacy Officer**. It must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first accounting you request within a 12 month period will be free. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. We are Not Required to Agree to Your Request if we agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you may complete and submit *the Request For Restriction On Use/Disclosure Of Medical Information* to **Beth Buckley, Practice Manager/Privacy Officer**.

**Right to Request Confidential Communications:** You have the right to request that you receive communications of PHI about you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the *Request For Restriction On Use/Disclosure Of Medical Information And/Or Confidential Communication* to **Beth Buckley, Practice Manager/Privacy Officer**. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact **Beth Buckley, Practice Manager/Privacy Officer.**

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make the revised or changed notice effective for protected health information we already have about you as well as any protected health information we receive in the future. We will post a summary of the current notice in the office with its effective date on the top of the first page. You are entitled to a copy of the notice currently in effect.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, you may contact the person listed below. You will not be penalized for filing a complaint.

**Beth Buckley, Practice Manager**  
**5831 Bee Ridge Road, Suite 100**  
**Sarasota, FL 34233**  
**Phone: 941-308-5700**