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HIPAA PRIVACY NOTICE

The Privacy Regulations of the **Health Insurance Portability and Accountability Act** of 1996 (HIPAA) is effective April 14, 2003. We are required by law to maintain the privacy of your personal health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. This Privacy Notice will remain in effect by our office until it is replaced or updated. We reserve the right to change this Privacy Notice and make the new Privacy Notice apply to health information we already have as well as any information received in the future. A copy of our Privacy Notice is available in our office upon request.

Statement of Uses and Disclosures:

We use and disclose health information about you for treatment, payment and healthcare operations.

- * **Treatment** means providing, coordinating or managing healthcare and related services by one or more healthcare providers. An example would be releasing information to other healthcare providers involved in your care.
- * **Payment** means obtaining reimbursement for treatment and/or services rendered, confirming coverage, billing and/or collections and utilization review. An example would be sending a bill for your visit to your insurance company for payment.
- * **Healthcare Operations** include quality assessment and improvement activities, reviewing the competence and/or qualifications of healthcare professionals, evaluating practitioner and/or provider performance, conducting training programs, accreditation, certification, licensing and credentialing activities.

Appointment Reminders and Treatment Alternatives. We may contact you to provide appointment reminders including voice mail messages or letters. We may contact you to provide information about treatment alternatives and/or other health related benefits and/or services to you.

Individuals Involved in Your Care and/or Payment For Your Care. When appropriate we may share health information with a person who is **involved in your medical care and/or payment for your care**, such as a family member or close friend. We may also notify your family about your location or general condition. We will use our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, medical supplies and other similar forms of health information.

Required By Law. We will disclose health information when required by law to do so.

To Avert A Serious Threat to Health or Safety. The practice uses and discloses health information to public health and other authorities as required by law to avert a serious threat to health or safety.

Public Health Risks. The practice may use and disclose information for public health activities. These include disclosures to prevent or control disease, injury or disability; report births or deaths; report child abuse or neglect; report reactions to medications and problems with products; notify people of recalls of products they may be using; inform a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and report to the appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required by law.

In Illinois a specific written authorization is required to disclose or release health information pertaining to mental health treatment, alcoholism treatment, drug abuse treatment or HIV/AIDS (Acquired Immune Deficiency Syndrome).

Health Oversight Activities. The practice may use and disclose health information as required by law for audits, investigations, licensure issues, and other health oversight activities, including hospital peer review, managed care peer review, or Medicaid or Medicare peer review.

Judicial and Administrative Proceedings. The practice may use and disclose health information for judicial and administrative proceedings in response to an order of a court or an administrative tribunal; a subpoena, discovery request or other lawful process not accompanied by a court order or ordered administrative tribunal.

Law Enforcement Purposes. The practice discloses health information for law enforcement purposes to law enforcement officials.

National Security. The practice uses and discloses health information to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.

Patient Rights. You have the following rights regarding healthcare information we have about you.

Right to Inspect a Copy. You have the right to inspect a copy of your protected healthcare information. You must make your request in writing. As allowed by Illinois state law charges will be incurred for the handling, copies and mailing cost of the medical records.

Right to Amend. You have a right to request an amendment of your health information for as long as the information is kept in this office. You must make your request in writing. We have the right to deny your request.

Right to an Accounting of Disclosures. You have a right to request a list of certain disclosures of health information we made for purposes other than treatment, payment and healthcare operations for as long as the information is kept in this office. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost based fee for responding to additional requests. You must make your request in writing.

Right to Request Restrictions. You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in an emergency, until you notify us in writing to remove it. You must make your request in writing.

Request Confidential Communication. You have the right to make a reasonable request to receive confidential communications by alternative means or at alternative locations. We will determine the reasonableness based on the administrative difficulty in complying with the request. You must make your request in writing.

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, contact Judith Krueger, Privacy Officer. All complaints must be made in writing. You will not be penalized for filing a complaint.