

HIGHLANDS NEUROSURGERY, P.C. PATIENT PRIVACY PROGRAM

Effective Date of this Notice: April 14, 2003

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Highlands Neurosurgery understands that medical information about you and your health is personal. Our practice is dedicated to maintaining the privacy of your *individually identifiable health information (IIHI)*. In conducting our business we will create records regarding you and the treatment and services we provide to you. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the practice, whether made by practice personnel or your personal doctor. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We realize that these laws are complicated, but we must provide you with the following information:

- How we may use and disclose your *individually identifiable health information (IIHI)*
- Your privacy rights in your *individually identifiable health information (IIHI)*
- Our obligations concerning the use and disclosure of your *individually identifiable health information (IIHI)*

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT:

Carolyn Fletcher-Helton, CPA, Privacy Officer
Highlands Neurosurgery, P.C.
1 Medical Park Boulevard, Suite 400 East
Bristol, Tennessee 37620
(423) 844-5400

C. HIGHLANDS NEUROSURGERY MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION IN THE FOLLOWING WAYS.

The following categories describe different ways that Highlands Neurosurgery may use and disclose Individually Identifiable Health Information (IIHI). For each category of uses or disclosures we will explain what we mean. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

1. **Treatment.** Highlands Neurosurgery may use your IIHI to provide you with medical treatment or services. Highlands Neurosurgery may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at the practice. Different departments of the practice also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the practice who may be involved in your medical care after you leave the practice, such as family members, or others we use to provide services that are part of your care. In the course of your treatment, verbal communications between Highlands Neurosurgery staff members and others related to your healthcare may be overheard by non-staff members in our office. Highlands Neurosurgery will make their best efforts to keep your health information as private as possible.

2. Payment. Highlands Neurosurgery may use and disclose your **IIHI** so that the treatment and services you receive at the practice 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 treatment you received at the practice so it will pay us or reimburse you for the treatment. 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.

3. Health Care Operations. Highlands Neurosurgery may use and disclose medical information about your **IIHI** for practice operations. These uses and disclosures are necessary to run the practice and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students, and other practice personnel for review and learning purposes. We may also combine the medical information we have with medical information from other physicians to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. Highlands Neurosurgery may have occasion to use your name as a part of the operational process of servicing our patients. Highlands Neurosurgery staff will make their best effort to protect any information, written or oral, from being seen or over heard.

4. Appointment Reminders. Highlands Neurosurgery may use and disclose medical information (your **IIHI**) to contact you as a reminder that you have an appointment for treatment or medical care at our practice.

5. Treatment Alternatives. Highlands Neurosurgery may use and disclose your **IIHI** to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

6. Health-Related Benefits and Services. Highlands Neurosurgery may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

7. Release of Information to Family/Friends. Highlands Neurosurgery may release your **IIHI** to a friend or family member, with your prior authorization, who is involved in your medical care or who is responsible for you. An exception to obtaining your prior authorization will be in a hospital setting where we must communicate with your family, or absent family, your friend. Highlands Neurosurgery may also give information to someone who helps pay for your care.

8. Disclosures Required By Law. Highlands Neurosurgery will disclose your **IIHI** when required to do so by federal, state or local law.

9. To Avert a Serious Threat to Health or Safety. Highlands Neurosurgery may use and disclose your **IIHI** when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public Health Risks. Highlands Neurosurgery may disclose your **IIHI** to public health authorities that are authorized by law to collect information for the purpose of: *Effective Date of this Notice: April 14, 2003*

- maintaining vital records such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to medications or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities. Highlands Neurosurgery may disclose your **IIHI** to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities that are necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.

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

4. Law Enforcement. Highlands Neurosurgery may release **IIHI** if asked to do so by a law enforcement official:

- Regarding a crime victim if, under certain limited circumstances, we are unable to obtain the person's agreement
- Concerning a death we believe may be the result of criminal conduct
- Regarding criminal conduct at our offices
- In response to a court order, subpoena, warrant, summons or similar legal process
- To identify or locate a suspect, fugitive, material witness, or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the identity, description or location of the person who committed the crime)

5. Deceased Patients. Highlands Neurosurgery may release your **IIHI** to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

6. Organs and Tissue Donation. If you are an organ donor, we may release your **IIHI** to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

7. Serious Threats to Health or Safety. Highlands Neurosurgery may use and disclose your **IIHI** when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

8. Military and Veterans. Our practice may disclose your **IIHI** if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

9. National Security. Highlands Neurosurgery may release your **IIHI** to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

10. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your **IIHI** to the correctional institution or law enforcement official. Disclosure for these purposes would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the other individuals.

11. Workers' Compensation. Highlands Neurosurgery may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

E. YOUR RIGHTS REGARDING YOUR IIHI.

*You have the following rights regarding the **IIHI** we maintain about you:*

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular way or at a certain location. For example, you may ask that we only contact you at home, rather than at work. ***In order to request a type of confidential communication, you must make a written request to our Privacy Officer.*** Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure about your **IIHI** for treatment, payment or health care operations. You also have the right to request that we restrict our disclosure of your **IIHI** to only certain individuals involved in your care or the payment for your care, such as family members and friends. For example, you could ask that we not use or disclose information about a surgery you had. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except as otherwise required by law, in emergencies, or when the information is necessary to treat you. **To request restrictions, you must make your request in writing to our Privacy Officer.** In your request, you must tell us (1) what information you wish restricted; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the **IIHI** that may be used to make decisions about you, including patient medical and billing records, but not including psychotherapy notes. **You must submit your request in writing to Highlands Neurosurgery's Medical Records Department in order to inspect and/or obtain a copy of your IIHI.** If you request a copy of the information, Highlands Neurosurgery's medical records department will charge a fee for the costs of copying, mailing, labor or other supplies associated with your request. Highlands Neurosurgery may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review about your care.

4. Amendment. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the practice. **To request an amendment, your request must be made in writing and submitted to our Privacy Officer.** In addition, you must provide a reason that supports your request for amendment. Highlands Neurosurgery 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 is in our opinion: (a) accurate and complete; (b) not part of the **IIHI** kept by or for the practice; (c) not part of the **IIHI** which you would be permitted to inspect and copy; or (d) not created by our practice, unless the person or entity that created the information is no longer available to make to amend the information.

5. Accounting Disclosures. You have the right to request an "accounting of disclosures." This is a list of certain non-routine disclosures our practice has made of your **IIHI** for any purpose other than treatment, payment or health care operations. To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 16, 2003. The first list you request within a 12-month period will be free, but our practice may charge you for additional lists within the same 12-month period. Our practice 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.

6. 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. To obtain a paper copy of this notice ask any of the Reception staff at our practice locations or send a request to our Privacy Officer.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Carolyn Fletcher-Helton, the Highlands Neurosurgery Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your **IIHI** may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your **IIHI** for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer. Write to:

**Carolyn Fletcher-Helton, Privacy Officer
Highlands Neurosurgery
1 Medical Park Boulevard, Suite 400 East
Bristol, Tennessee 37620**