

**NEUROLOGY AND NEUROSURGERY ASSOCIATES, INC.**  
**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE OF PRIVACY PRACTICES 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 of Privacy Practices ("Notice"), please contact: the Executive Director Deborah Banniza at 863-595-4212, ext. 238 or by mail at 50 2<sup>nd</sup> Street, S.E., Winter Haven, Florida 33880

**Section A: Who Will Follow This Notice?**

This Notice describes our practices and that of:

- Any health care professional in this organization ("Organization") authorized to enter information into your medical record.
- All our employees, staff and other personnel.

All these persons, entities, sites and locations follow the terms of this Notice. In addition, these persons, entities, sites and locations may share medical information with each other for treatment, payment or organization operations purposes described in this Notice. This list may not reflect recent acquisitions or sales of entities, sites, or locations.

**Section B: Our Pledge Regarding Medical Information.**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at this Organization. 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 or maintained by this Organization. Any medical facility such as a physician's office or nursing home at which we may treat you may have different policies or notices regarding that medical facility's use and disclosure of your medical information created in that medical facility.

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 are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to medical information about you;
- follow the terms of the Notice that is currently in effect; and
- notify you and other affected individuals following a breach of unsecured medical information.

**Section C: How We May Use and Disclose Medical Information About You?**

The following categories describe different ways that we may use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. 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 in this Notice. As required by Florida law, we will obtain your consent for disclosures for payment and health care operations, disclosures of certain highly sensitive information, or other disclosures explained in this Notice where state law requires special authorization for disclosure.

- **Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other Organization personnel or personnel in medical institutions such as a hospital or nursing home in which you receive care. For example, a doctor working for a hospital or for another physician practice who is treating you for a broken leg may need previous x-rays. We may share your medical information with different departments of a hospital or nursing home in order to coordinate the different things you need, such as x-rays.
- **Payment.** We may use and disclose medical information about you so that the treatment and services you receive from this Organization 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 care you received from us so your health plan will pay us or reimburse you for the care. 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.
- **Health Care Operations.** We may use and disclose medical information about you in order to operate this Organization. These uses and disclosures are necessary to run this Organization and to 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 our doctors, nurses, technicians, medical students, and other Organization personnel for performance review and training purposes. We may also combine the medical information we have with medical information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may also combine medical information about other patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. 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.
- **Business Associates.** We sometimes contract with third-party business associates for services. Examples include answering services, transcriptionists, billing services, consultants, and legal counsel. We may disclose your medical information to our business associates so that they can perform the job we have asked them to do. To protect your medical information, however, we require our business associates to appropriately safeguard your information.
- **Individuals Involved in Your Care or Payment for Your Care.** Our health professionals, using their professional judgment, may disclose to you, a family member, other relative, close personal friend or any other person you identify, your medical information to the extent it is relevant to that person's involvement in your care or payment related to your care. We will provide you with an opportunity to object to such a disclosure whenever we practically can do so. We may disclose the medical information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
- **As Required By Law.** We will disclose medical information about you 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 medical information about you when we believe in good faith that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to a person or persons reasonably able to prevent or lessen the threat.

#### **Section D: Special Situations**

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organ procurement organizations or other organizations engaged in the procurement, banking or transplantation of organs, eyes or tissue, to facilitate organ, eye or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Activities.** We may disclose medical information about you for public health activities. These activities generally include, but are not limited to, the following:
  - ♦ to prevent or control disease, injury or disability;
  - ♦ to report births and deaths;
  - ♦ to conduct public health surveillance, investigations and interventions;
  - ♦ to report child abuse or neglect;
  - ♦ to report 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;
  - ♦ to notify the appropriate government authority if we reasonably believe a patient has been the victim of abuse, neglect or domestic violence, subject to applicable law.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, but are not limited to, audits, investigations, inspections, licensure and other activities necessary for the appropriate oversight of the health care system, government programs, and compliance with civil rights laws.
- **Judicial and Administrative Proceedings.** We may disclose medical information about you in response to an order of a court or administrative tribunal. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process, but only if we receive satisfactory assurances from the person seeking the information that he or she has given you notice of the request or has made reasonable efforts to get a qualified protective order that meets certain legal requirements.
- **Law Enforcement.** We may release medical information for a law enforcement purpose to a law enforcement official:
  - ♦ As required by law, including required reporting of certain wounds or physical injuries
  - ♦ In response to a court order, subpoena, court-ordered warrant, summons issued by a judicial officer or other types of process as provided by law;
  - ♦ On request of a law enforcement official to identify or locate a suspect, fugitive, material witness, or missing person, subject to certain limitations;
  - ♦ On request of a law enforcement official about the victim or suspected victim of a crime if the person is unable to give his or her agreement, subject to certain conditions;
  - ♦ About a person whose death we suspect may be the result of criminal conduct;
  - ♦ If we believe in good faith the information is evidence of criminal conduct on the premises of the Organization; and
  - ♦ If providing emergency health care in response to a medical emergency off of Organization premises, to alert law enforcement to the commission and nature of a crime; the location of the crime or victim(s); or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death, or other duties authorized by law. We may also release medical information to funeral directors as necessary to carry out their duties with respect to a decedent.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities authorized by law. We may 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
- **Personal Representative.** If you have a person with the legal right to act on your behalf, such as someone with your medical power of attorney or a legal guardian (personal representative), we will treat that person as if that person is you with respect to disclosures of your medical information. If you become deceased, we may disclose medical information to an executor or administrator of your estate to the extent that person is acting as your personal representative.
- **Newsletters and Other Communications.** We may use your personal information in order to communicate with you via newsletters, mailings, or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities in which our practice is participating.
- **Fundraising, Marketing and Sale of Medical Information.** Most uses and disclosures of your medical information for marketing purposes or that constitute a sale of your medical information require your authorization. However, we do not sell your medical information. We may contact you for the purpose of fundraising activities, but you have the right to opt out of receiving any fundraising communication.
- **Psychotherapy Notes.** If we maintain psychotherapy notes, most uses and disclosures of psychotherapy notes require your authorization.

#### **Section E: Your Rights Regarding Medical Information About You**

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy some of the medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes or medical information that is restricted by another law. If you

request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request and we will respond to your request within 30 days. We will provide you with a copy of the requested medical information in the form and format requested, if readily producible in such form and format, or if not, in a readable hard copy or electronic form or other form or format agreed by you and us.

- We may deny your request to inspect and copy medical information in certain circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by this Organization 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.
- **Right to Amend.** 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 this Organization. In addition, you must provide a reason that supports your request.
- 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:
  - ◆ Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - ◆ Is not part of the medical information kept by or for this Organization;
  - ◆ Is not part of the information which you would be permitted to inspect and copy; or
  - ◆ Is accurate and complete.

If we deny your request for an amendment, we will tell you why in writing within 60 days.

- **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 medical information about you. Your request must state a time period which may not be longer than six 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 list you request within a 12 month period will be free. For additional lists within the same 12 month period, 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 medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply (for example, disclosures to your spouse).

**Except as provided below, we are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We must agree to your request to restrict disclosure of your medical information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the medical information pertains solely to a health care item or service for which you or a person on your behalf, other than the health plan, has paid us in full.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. 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 this Notice electronically, you are still entitled to a paper copy of this Notice.
- **Right to Notice of Unauthorized Release of Medical Information.** We will let you know promptly if a breach occurs that may have compromised the privacy or security of your medical information.

To exercise the above rights, please contact the following individual to obtain a copy of the relevant form you will need to complete to make your request: Executive Director Deborah Banniza at 863-595-4212, ext. 238.

#### **Section F: Changes To This Notice.**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post in our office and on our website a copy of the current Notice. In addition, each time you seek treatment or health care services from this Organization, a copy of the current Notice in effect will be available on request. The Notice will contain on the last page, on the bottom, the effective date.

#### **Section G: Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Organization or with the Secretary of the Department of Health and Human Services. To file a complaint with the Organization, contact the Executive Director Deborah Banniza at 50 2<sup>nd</sup> Street, S.E., Winter Haven, Florida 33880 (telephone 863-595-4212, ext. 238). All complaints must be submitted in writing. **YOU WILL NOT BE PENALIZED OR RETALIATED AGAINST FOR FILING A COMPLAINT.**

#### **Section H: Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose medical 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 medical 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 authorization, and that we are required to retain our records of the care that we provided to you.

*Effective Date: December 30, 2013*