

NEUROLOGY AND NEUROSURGERY ASSOCIATES, P.A.
SUMMARY OF NOTICE OF PRIVACY PRACTICES

This Summary of Notice of Privacy Practices (the "Notice") summarizes the complete Notice that describes how we may use or disclose your health information and how you can access this information. If you would like a complete copy of the Notice, please ask our receptionist and he or she will provide you with one.

We have always kept your health information secure and confidential. A federal law requires us to continue maintaining your privacy, to give you the Notice and to follow the terms of the Notice.

The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist doctor whom we may involve in your case.

We may use or disclose your health information for payment of our services. For example, we may send a report of your progress to your insurance company. However, at your request, we will not disclose information to your health care plan for payment or health care operations if you have paid in full the amount due for the service or healthcare item, unless otherwise required by law.

We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer.

We may share your health information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy.

We may use your information to contact you. For example, we may send newsletters or other information. We may also want to call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone. However, we will not tell you about a third party's product or service except in certain limited circumstances allowed by law. We may contact you for the purpose of fundraising activities but you can opt out of receiving fundraising communications. Most uses and disclosures that constitute a sale of your health information require your authorization.

In an emergency, we may disclose your health information to a family member or another person responsible for your care.

We may release some or all of your health information when required by law.

If this practice is sold, your information will become the property of the new owner.

There are special situations in which we may disclose certain of your health information as permitted by law in the case you are an organ donor, active military or a veteran, a workers' compensation claimant.

We may disclose your health information as permitted by law for public health activities, health oversight activities, and judicial and administrative proceedings.

We may disclose your health information as permitted by law to law enforcement, coroners, medical examiners, and funeral directors and for national security and intelligence activities.

We will treat a personal representative, guardian or someone who possesses a medical power of attorney like you for purposes of disclosing your health information.

Except as described above, we will not use or disclose your health information without your prior written authorization.

You may request in writing that we do not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.

As we need to contact you from time to time, we will use whatever address or telephone number you prefer.

You have the right to transfer copies of your health information to another practice. We will mail your files for you.

You have the right to see and receive a copy of your health information, with a few exceptions. Give us a written request regarding the information you want to see. If you also want a copy of your records, we may charge you a reasonable fee for the copies.

You have the right to request an amendment or change to your health information if you give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.

If we change any of the details of the Notice, we will notify you of the changes by posting a copy of the changed Notice at our offices and will offer you a copy of the current Notice when you next receive treatment.

You can file a complaint with the U.S. Department of Health and Human Service Office for Civil Rights by sending a letter to 100 Independence Avenue S.W., Washington, D.C. 20201, calling 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our Executive Director Debbe Banniza at 63-293-2107.

The Notice went into effect as of December 30, 2013.

**ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I have received a current copy of the Notice of Privacy Practices (the "Notice"). The Notice describes how my medical information may be used or disclosed. I understand that I should read the Notice carefully. In addition, I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by calling the Executive Director Deborah Banniza at 863-595-4212, ext. 238, by viewing it on Neurology and Neurosurgery Associates, Inc.'s website at www@neurohaven.com, or by requesting a copy of it at our offices.

Date

Patient Signature*

Printed or typed name

*As the representative of the above individual, I acknowledge receipt of the Notice on his or her behalf.

Signature

Relationship

Printed or typed name

Date