

**Neurosurgery, Orthopaedics & Spine Specialists, P.C.**  
**Notice of Privacy Practices**

Effective Date: May 14, 2010

Privacy Officer: Diane Quattro

***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.***

We are required by law to maintain the privacy of your protected health information (“PHI”) health information and to provide you with notice of our legal duties and privacy practices with respect to your PHI. This Notice describes how we may use and disclose your PHI. It also describes your rights and our legal obligations with respect to your PHI. We may change the terms of this Notice at any time. The new Notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with a revised notice of Privacy Practices. If you have any questions about this Notice or would like a copy of any revised Notice, please contact our Privacy Officer listed above.

**A. How this Medical Practice May Use or Disclose Your Protected Health Information**

The law permits us to use or disclose your health information for the following purposes:

1. **Treatment.** We may use and disclose your PHI to provide, coordinate, or manage your medical care and any related services. We disclose such PHI to our employees and other providers who are involved in providing the care you need. For example, we may share your PHI with other physicians or other health care providers who will provide services on your behalf. We may also share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test.
2. **Payment.** We may use and disclose your PHI for billing and payment purposes. This may include disclosure to your health insurance plan, managed care company, Medicare, Medicaid or other third party payer before such plan or payer approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.
3. **Health Care Operations.** We may use and disclose your PHI, as necessary for health care operations, such as to review and improve the quality of care we provide, review the competence and qualifications of our professional staff, to provide education and training and to conduct or arrange for other business activities.

We may also use and disclose your PHI as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your PHI with other health care providers, a health care clearinghouse or health plans that have a relationship with you when they request this information in order to assist them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of compliance, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

**B. Specific Uses and Disclosures of Your Protected Health Information**

1. **Business Associates.** We may share your PHI with third party “business associates” that perform various activities (i.e. billing or transcription services) for this practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms and conditions that will protect the privacy of your PHI in accordance with HIPAA.
2. **Appointment Reminders.** We may use and disclose your PHI to contact and remind you about appointments. If you are not home, we may leave this information with the person answering the phone or on your answering machine.
3. **Sign in sheet.** We may ask you to sign in when you arrive at our office. We may also call out your name when we are ready to see you.
4. **Others involved in your health care or payment for your care.** You have the opportunity to agree or object to the use or disclosure of all or part of your PHI to others involved in your health care or payment for your care. If you do not object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on

our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition or death.

5. Research. We may use and disclose your PHI for research purposes if: (1) the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI; or (2) the disclosures is for review in preparation for research, provided the use or disclosure is sought solely to review PHI as needed to prepare a research protocol, no PHI will be removed from our practice, and the PHI is necessary for the research purposes.
6. Marketing. We may use or disclose your PHI to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you. We may also encourage you to purchase a product or service when we see you. We will not use or disclose your PHI for marketing purposes where we receive direct or indirect remuneration in exchange for the marketing communication without your prior authorization, except in limited circumstances in accordance with HIPAA.
7. Fundraising. We may use certain limited contact information for fundraising purposes and may provide contact information to a foundation affiliated with our organization, provided that any fundraising communications will clearly and conspicuously explain your right to opt out of future fundraising communications. Alternatively, you may contact our Privacy Officer at any time to opt out. We are required to honor any such request.
8. Required by law. We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.
9. Public health. We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury, or disability. We may also disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
10. Health oversight activities. We may, and are sometimes required by law to, disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
11. Food and Drug Administration. We may disclose your PHI to a person or company as required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities, including: to report adverse events, product defects or problems, or biologic product deviations; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance.
12. Abuse or neglect. We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
13. To avert a serious threat to health or safety. We may, and are sometimes required by law to, disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
14. Disaster Relief. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate notification efforts.
15. Emergencies. We may use and disclose your PHI as necessary in emergency treatment situations.
16. Judicial and administrative proceedings. We may, and are sometimes required by law, to disclose your PHI in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
17. Law enforcement. We may, and are sometimes required by law to, disclose your PHI for law enforced purposes, so long as applicable legal requirements are met. These law enforcement purposes include: (1) legal processes such as complying with a court order or warrant; (2) limited information requests for identification and location purposes; (3) pertaining to victims of a crime; (4) suspicion that death has occurred as a result of criminal conduct; (5) in the event that a crime occurs on the premises of our practice; and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

18. Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may, and are often required by law to, disclose your PHI to coroners or medical examiners, funeral directors or, if you are an organ donor, to an organization involved in the donation, procuring or banking of organs and tissue, as authorized by law.
19. Military activity and national security. When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
20. Workers' compensation. We may disclose your health information as necessary to comply with workers' compensation laws and other similar legally established programs.
21. Inmates. We may use or disclose your PHI if you are an inmate of a correctional facility or under the custody of a law enforcement official to the facility or official for certain purposes, including the health and safety of you and others.
22. Change of Ownership. In the event that this medical practice is sold or merged with another organization, your PHI/records may be transferred the new owner; however, you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

**C. When This Medical Practice May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, this medical practice will not use or disclose PHI without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time, except to the extent that we have already taken action in reliance on the authorization. If you revoke the authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization.

**D. Your Rights Regarding your Health Information**

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information for purposes of treatment, payment or health care operations by submitting a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. Your request must state the specific restriction requested and to whom you want the restriction to apply. We reserve the right to accept or reject your request and will notify you of our decision. You may also direct that any part of your PHI not be disclosed to family members or friends who may be involved in your care for notification purposes as described in this Notice of Privacy Practices. If your physician does agree to the requested restriction or you have directed us to restrict disclosure to family and friends, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. If you paid out-of-pocket in full for a healthcare item or service and you do not want us to disclose PHI about that item or service to your health plan, we are required to comply with your request unless disclosure relates to treatment.
2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications and may condition this accommodation by asking you for information as to how payment will be handled or for specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.
3. Right to Inspect and Copy. You have the right to inspect and copy your PHI for so long as we maintain it. You may obtain your medical record, which contains medical and billing records and any other records that your physician and the practice use for making decisions about you. To access your medical information, you must make a written or oral request detailing what information you want access to and whether you want to inspect it or get a copy of it. We must allow you to inspect your records within 24 hours of your request (excluding weekends and holidays). If you request copies, we must provide the copies within two (2) working days. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records. To the extent we maintain an electronic health record with respect to your PHI, you also have the right to receive an electronic copy of such information, and to direct us to transmit an electronic copy directly to a third-party designated by you. We may charge a fee consistent with applicable law for our labor costs in responding to your request.  
Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to PHI. Depending on the circumstances, a decision to

deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

4. **Right to Amend or Supplement.** You have a right to request that we amend your PHI that is contained in a designated record set that you believe is incorrect or incomplete, for so long as we maintain this information. You must make a request to amend in writing to our Privacy Officer, and include the reasons you believe the information is inaccurate or incomplete. We may deny your request for amendment, and will provide you with information about our denial and how you can disagree with the denial. We may deny your request if we do not maintain the information that is the subject of the request, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is.
5. **Right to an Accounting of Disclosures.** You have a right to receive an accounting of certain disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures made: to the you; pursuant to a valid Authorization; to carry out treatment, payment or health care operations, unless such disclosure was made through an electronic health record maintained or used by this Practice within the three (3) years prior to the request; as incidental disclosures in connection with a use or disclosure that is otherwise permitted or required by the Privacy Rule; as part of a limited data set; for purposes of a facility directory; to persons involved in the patient's care or other notification purposes; for national security or intelligence purposes; or to a law enforcement official or correctional institution having lawful custody of the patient at the time of the disclosure. To request an accounting, you must submit a request in writing, stating a time period that is within six (6) years from the date of your request. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.
6. **Right to Receive a Notice of Privacy Practices.** You have a right to receive a paper copy of this Notice of Privacy Practices, even if you have previously agreed to accept this notice electronically.

#### **E. Special Rules Regarding Disclosure of Psychiatric, Substance Abuse and HIV-Related Information**

Under Connecticut or federal law, additional restrictions may apply to disclosures of health information that relates to care for psychiatric conditions, substance abuse or HIV-related testing and treatment. This information may not be disclosed without your specific written permission, except as may be specifically required or permitted by Connecticut or federal law. The following are examples of disclosures that may be made without your specific written permission:

1. **Psychiatric information.** We may disclose psychiatric information to a mental health program if needed for your diagnosis or treatment. We may also disclose very limited psychiatric information for payment purposes.
2. **HIV-related information.** We may disclose HIV-related information for purposes of treatment or payment.
3. **Substance abuse treatment.** We may disclose information obtained from a substance abuse program in an emergency.

#### **F. Changes to this Notice of Privacy Practices**

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Practices will apply to all PHI that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area on our website at: [www.nossmid.com](http://www.nossmid.com). We will provide you with a copy upon request.

#### **G. Further Information and Complaints**

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices by calling (203) 775-6677.

If you believe that your privacy rights have been violated, you may also file a complaint in writing with the Office of Civil Rights in the U.S. Department of Health and Human Services at:

Office of Civil Rights – Region I  
U.S. Department of Health and Human Services  
J. F. Kennedy Federal Building, Room 1875  
Boston, MA 02203  
Or by fax to: (617) 565-3809  
Or by e-mail to: [OCRCompliant@hhs.gov](mailto:OCRCompliant@hhs.gov)

**You will not be penalized or retaliated against for filing a complaint.**

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