

Neurosurgery, Orthopaedics & Spine Specialists, P.C.

Summary of Notice of Privacy Practices

The following is a brief summary of your rights and our responsibilities as detailed in the attached Notice of Privacy Practices (the "Notice"). This Summary is for your convenience and is not a substitute for reading the entire Notice and does not modify the terms of the Notice.

Uses and Disclosures of Your Health Information. We may use and/or disclose your protected health information ("PHI") for purposes of: (1) your treatment by our providers or by those providers to whom we refer you for treatment; (2) payment for health care items or services rendered on your behalf; and (3) certain health care operations, such as improving the competence and quality of our staff, business planning and management.

We may also disclose your PHI to our business associates, such as medical transcriptionists, billing services, and others who assist in the operations of our practice. We may call you to remind you of appointments and may leave a message on your answering machine if you have one.

We may disclose information to your family about your location, general condition or death. If you are available and able, we will ask your consent first.

We may also use your PHI to recommend products or services related to your care but will not use or disclose your medical information for marketing purposes without your written authorization, except in limited circumstances.

Your PHI may be disclosed without your authorization in certain circumstances, such as when as required by law, for public health purposes, healthcare oversight, including audits and investigations, to avert a serious threat to health or safety, in emergency situations, and for judicial and administrative proceedings. Such disclosures are subject to the limits imposed by state and federal law.

Other Uses and Disclosures. Except as described in the Notice, we will not use or disclose your health information without your written authorization. You can revoke an authorization at any time, except to the extent that we have already taken action in reliance on the authorization.

Your Health Information Rights. You have a number of rights under state and/or federal law which are specified in the Notice:

- You may request restrictions on certain uses and disclosures of your information
- You may request that you receive your information from us in a certain way
- You may inspect and copy your medical records
- You may request an amendment to any record you believe is inaccurate
- You may request an accounting of disclosures made of your records

Changes to the Notice. We reserve the right to change the Notice. If we do so, we will post it in our office, on our website and provide a copy to you, upon request.

Complaints. Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer.