



The Leaders in Spine and Brain Care

5320 West Michaels Drive, Appleton, WI 54913

NOTICE OF PRIVACY PRACTICES

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.

Your Health Care Information - Protecting Your Privacy

It is your right as a patient to be informed of the privacy practices of your health care provider as well as to be informed of your privacy rights with respect to your personal health information. This Notice of Privacy Practices is intended to provide you with this information.

NeuroSpine Center of Wisconsin's Responsibilities

It is your right as a patient to be informed of NeuroSpine Center of Wisconsin, S.C.'s legal duties with respect to protection of the privacy of your personal health information.

NeuroSpine Center of Wisconsin, S.C. is required to:

- Maintain the privacy of your health information;
- Provide you with a notice of the legal duties and privacy practices regarding protected health information collected and maintained about you; and
- Abide by the terms of this notice.

NeuroSpine Center of Wisconsin, S.C. reserves the right to change the terms of the notice of privacy practices and make the new notice provisions effective for all protected health information that it maintains. NeuroSpine Center of Wisconsin, S.C. also reserves the right to change the terms of its notice with respect to any applicable more limited uses and disclosures. NeuroSpine Center of Wisconsin, S.C. will promptly revise and distribute its notice whenever

NeuroSpine Center of Wisconsin, S.C. makes a substantial change to any of its privacy practices.

NeuroSpine Center of Wisconsin, S.C. will not use or disclose your health information without your authorization, except as described in this notice.

Your Health Information Rights

You have the right to:

- **Request a restriction on certain uses and disclosures of your health information.**
You have the right to request restrictions on certain uses and disclosures of protected health information, even if the restriction affects your treatment or NeuroSpine Center of Wisconsin, S.C.'s payment or health care operation activities. However, NeuroSpine Center of Wisconsin, S.C. is not required to agree to your requested restriction.
Example: if you are an employee of the clinic and you receive health care services in the clinic, you may request that your health care record not be maintained in the general record filing area.
- **Receive Confidential Communications.**
You have the right to request that NeuroSpine Center of Wisconsin, S.C. communicate your health information to you by alternative means or at alternative locations. NeuroSpine Center of Wisconsin, S.C. shall accommodate reasonable requests.
Example: you may request to be contacted at a phone number that is different from the phone number listed in your health care record.
- **Inspect and obtain a copy of your health record.**
You have the right to inspect and obtain a copy of your health care record. This request for access to your health care record must be in submitted in writing to NeuroSpine Center of Wisconsin, S.C. This right may not apply to certain types of psychotherapy notes and NeuroSpine Center of Wisconsin, S.C. may charge you a reasonable fee for a copy of your health care record.
Example: you may request a copy of your health care record from your family physician.

- **Amend your health record.** You have the right to request an amendment to your health care record if you believe your health information is incorrect or incomplete. You may be asked to make this request in writing and state the reason why your health record should be changed. If NeuroSpine Center of Wisconsin, S.C. did not create the health information you believe is incorrect or if NeuroSpine Center of Wisconsin, S.C. disagrees with you, NeuroSpine Center of Wisconsin, S.C. may deny your request.

Example: if you believe that information in your medical history is incorrect, such as your birth date, you may request that this information be amended.

- **Obtain an accounting of disclosures of your health information.**

You have the right to an accounting of disclosures of your health information that NeuroSpine Center of Wisconsin, S.C. has made in compliance with state and federal law. The accounting will describe the dates of each disclosure, a brief description of information disclosed and the reason for disclosure. You will receive one accounting per year at no charge and NeuroSpine Center of Wisconsin, S.C. may charge you a reasonable fee for each subsequent request. Example: you may request an accounting of disclosures made from your health record in the last year to the State for disease reporting.

- **Obtain a paper copy of the notice upon request.**

You have the right to obtain a paper copy of the notice upon request.

Example: if you received the notice electronically, you may request that NeuroSpine Center of Wisconsin, S.C. provide a paper copy of the notice.

Uses and Disclosures for Treatment, Payment and Health Care Operations

NeuroSpine Center of Wisconsin, S.C. is permitted by the federal privacy rule to use or disclose your protected health information for treatment, payment or health care operations.

NeuroSpine Center of Wisconsin, S.C. may use or disclose your health information for treatment.

NeuroSpine Center of Wisconsin, S.C. may use or disclose your health information in the provision, coordination or management of your health care.

Example: Your information may be disclosed from one physician to another if they are consulting each other in relation to your care and treatment.

Example: NeuroSpine Center of Wisconsin, S.C. may use your health information to provide you with an appointment reminder.

Example: NeuroSpine Center of Wisconsin, S.C. may send you information about treatment alternatives or other health related services that may be of interest to you.

NeuroSpine Center of Wisconsin, S.C. may use or disclose your health information for payment.

NeuroSpine Center of Wisconsin, S.C. may use or disclose your health information to obtain reimbursement for the provision of health care services. The bill may include information that identifies you, your diagnosis and your treatment.

Example: NeuroSpine Center of Wisconsin, S.C. may use or disclose your information to your insurer to obtain payment for the provision of health care services.

NeuroSpine Center of Wisconsin, S.C. may use or disclose your health information for routine health care operations.

NeuroSpine Center of Wisconsin, S.C. may use or disclose your health information for evaluation of patient care services, evaluating the performance of health care providers, activities relating to compliance with the law and business planning and development.

Example: NeuroSpine Center of Wisconsin, S.C. may review your health record to determine the efficiency of the services provided to you.

Example: NeuroSpine Center of Wisconsin, S.C. may contact you as part of a fundraising activity sponsored by your health care provider.

We may not disclose your protected health information to family members or friends who may be involved with your treatment or care without your written permission. Health information may be released without written permission to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the

healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

Uses or Disclosures of Your Protected Health Information Permitted Without Your Authorization

Without your written authorization, NeuroSpine Center of Wisconsin, S.C. may use or disclose your health information for the following purposes:

As Required by Law: NeuroSpine Center of Wisconsin, S.C. may use or disclose protected health information to the extent that the use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of the law. Uses or disclosures required by federal privacy rule and limited by the more protective requirements of state law include the following:

- Disclosures about victims of elderly or child abuse;
- Disclosures for judicial and administrative proceedings; or
- Disclosures for law enforcement purposes.

Public health: As required by law, NeuroSpine Center of Wisconsin, S.C. may disclose your protected health information to the State of Wisconsin for the purpose of statutory reporting. NeuroSpine Center of Wisconsin, S.C. may disclose your protected health information excluding mental health, alcohol or drug abuse or developmental disabled or HIV test result to a state or federal public health agency for the purpose of preventing or controlling disease, injury or disability. NeuroSpine Center of Wisconsin, S.C. may disclose your protected health information excluding your HIV test result without your authorization to a county agency investigating child abuse. NeuroSpine Center of Wisconsin, S.C. may disclose your protected health information excluding mental health, alcohol or drug abuse or developmental disabled or HIV test result without your authorization to the Food and Drug Administration (FDA). NeuroSpine Center of Wisconsin, S.C. may disclose your HIV test result without your authorization to a person that may have sustained a contact that carries a potential for transmission of HIV.

Worker's Compensation: NeuroSpine Center of Wisconsin, S.C. may disclose protected health information reasonably related to a work-related illness or injury if an application for workers' compensation has been filed.

Victims of abuse, neglect or domestic violence: NeuroSpine Center of Wisconsin, S.C. may disclose health information except for an HIV test result if NeuroSpine Center of Wisconsin, S.C. reasonably believes that an individual is a victim of child or elderly abuse.

Health oversight activities: NeuroSpine Center of Wisconsin, S.C. will not disclose HIV test results to health care oversight agencies without an authorization. NeuroSpine Center of Wisconsin, S.C. may disclose your mental health, alcohol or drug abuse or developmental disability related health information to the Department of Health and Family Services, to the county for coordination of human services and to a representative of the board on aging and long-term care. The remainder of your protected health information may be disclosed without your authorization to a state or federal agency.

Judicial and Administrative Proceedings: NeuroSpine Center of Wisconsin, S.C. may disclose your protected health information in response to a court order. NeuroSpine Center of Wisconsin, S.C. may disclose your protected health information in response to a subpoena if NeuroSpine Center of Wisconsin, S.C. is a party to a court action, NeuroSpine Center of Wisconsin, S.C. has received your authorization to disclose and has not complied within two business days or NeuroSpine Center of Wisconsin, S.C. failed to respond to a request for workers' compensation records. NeuroSpine Center of Wisconsin, S.C. may disclose your protected health information excluding mental health, alcohol or drug abuse or developmental disabled or HIV test result in response to a subpoena from a state or federal agency.

Law enforcement: NeuroSpine Center of Wisconsin, S.C. may disclose your protected health information except for HIV test results to county law enforcement officials for the reporting and investigation of elderly and/or child abuse. NeuroSpine Center of

Wisconsin, S.C. may disclose your protected health information except for mental health, alcohol or drug abuse or developmental disabled or HIV test results to state and federal law enforcement officials. NeuroSpine Center of Wisconsin, S.C. may disclose mental health, alcohol or drug abuse or developmental disabled protected health information for limited law enforcement purposes as required by law. NeuroSpine Center of Wisconsin, S.C. may disclose your protected health information to a law enforcement official in response to a court order.

For activities related to death:

Coroner or Medical Examiner: NeuroSpine Center of Wisconsin, S.C. may use or disclose your protected health information that is not an HIV test result or related to mental health, alcohol or drug abuse and developmental disabilities to a coroner or medical examiner.

Funeral Director: NeuroSpine Center of Wisconsin, S.C. may use or disclose your HIV test result to a funeral director.

For cadaver organ, eye or tissue donation purposes:

NeuroSpine Center of Wisconsin, S.C. may use or disclose your HIV test result to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaver organs, eyes or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

Research: NeuroSpine Center of Wisconsin, S.C. may use or disclose your protected health information for research purposes if the researcher has obtained your permission or fulfilled the stringent privacy requirements of state and federal law.

To avoid a serious threat to health or safety: NeuroSpine Center of Wisconsin, S.C. may disclose your protected health information under limited circumstances to law enforcement officials to avert a serious threat to health or safety.

Disclosures for specialized government functions:

NeuroSpine Center of Wisconsin, S.C. may disclose protected health information excluding mental health, alcohol or drug abuse or developmental disabled or HIV test result for national security,

for protection of the President and for medical suitability determination or of Armed Forces personnel to a state or federal agency.

NeuroSpine Center of Wisconsin, S.C. may disclose protected health information to limited staff of a correctional institution or a custodial law enforcement official for the provision of health care and the transport of inmates.

NeuroSpine Center of Wisconsin, S.C. has attempted to explain with this notice the circumstances where state law may be more protective than the federal privacy rule and provides greater privacy protection.

Except for the situations listed above and treatment, payment or health care operation purposes, the use or disclosure of your health information requires NeuroSpine Center of Wisconsin, S.C. to obtain your written authorization. You may withdraw your authorization in writing at any time by submitting your written withdrawal to NeuroSpine Center of Wisconsin, S.C.'s Privacy Officer.

Patient Complaint Process

If you believe your privacy rights have been violated, you may file a complaint with NeuroSpine Center of Wisconsin, S.C. or with the Secretary of the Department of Health and Human Services. There will be no retaliation against you for filing a complaint.

To file a complaint with NeuroSpine Center of Wisconsin, S.C. please contact the NeuroSpine Center of Wisconsin, S.C.'s Privacy Officer who will provide you with the necessary assistance.

Questions or Concerns

If you would like further information regarding your rights or regarding the uses and disclosures of your PHI, or you have concerns about a potential identity/medical identity theft, you may contact our compliance officer at:

NeuroSpine Center of Wisconsin
5320 West Michaels Drive Appleton, WI 54913
Phone number (920) 882-2336 Fax number (920) 882-8215

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Compliance Officer