

## NOTICE OF PRIVACY PRACTICES

### Your Health Information. Your Right. Our Responsibilities

**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.**

Each time you receive health care services, a record of your visit is generated. Understanding what is in your record and how your health information is used can help you to certify its accuracy, better understand who, what, when, where, and why others may access your health information, and helps you make more informed decisions when authorizing disclosure to others.

Midessa Neurosurgery and Complex Spine uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. This document describes our privacy practices as required by law. You can request a copy of this notice at any time by contacting our office.

### YOUR RIGHTS

When it comes to your health information, you have certain rights. The Department of Health and Human Services created regulations intended to protect patients' privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Texas law requires that requests for copies be made in writing, and we ask that request to review your health information also be made in writing. Please send the request to our office.

We may refuse some of the information you ask to inspect or ask to be copied for the following reasons:

- The information reveals the identify of a person who provided information under a promise of confidentiality;
- The information is psychotherapy notes;
- The information has been compiled in anticipation of litigation;
- The information is subject to the Clinical Laboratory Improvements Amendments of 1988.

Texas law requires us to provide copies or a narrative of your medical record within Fifteen (15) days of your request. We will inform you when the records are ready. If we deny access, we will inform you in writing. We may charge a reasonable, cost-based fee.

#### Amendment of Medical Record

You can ask us to correct health information about you that you think is incorrect or incomplete. Such request must be made in writing to our office. We will respond to your request within Sixty (60) days. We may deny your request for the following reasons:

- The information was not created by this practice or the physician(s) in this practice;
- The information is accurate and complete;

If your request is denied, we will inform you why the record was not amended.

#### Request confidential communications

You may request that we contact you in a specific way (for example, home or office phone) or to send mail to a different address. This request must be made in writing to our office. We will accommodate all reasonable requests. Please specify in your correspondence exactly how you want us to communicate with you and the appropriate contact information required to do so.

## **Ask us to restrict what we use or share**

You may request or limit how your protected health information is used or disclosed for treatment, payment, or health care operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If we do agree, we will comply with your request except under emergency circumstances or when disclosure is required by law.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Please send the following in writing to request this restriction: (a) information to be restricted, (b) what kind of restriction you are requesting; (c) to whom the limits apply. Please send the request to our office.

Note that we may contact you by telephone call, text message, e-mail, or mail to provide appointment reminders, information about results, treatment and alternatives, or other health-related benefits and services that may be of interest to you. You may also request that we limit disclosure to family members, other relatives, or close personal friends that may or may not be involved in your care.

## **Request a list of certain disclosures**

HIPAA privacy regulations permit you to request and accounting of disclosures of your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except those about treatment, payment, health care operations, and disclosures made with an authorization signed by you or your representative. We'll provide one (1) accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. If there is a fee, we will inform you, and you may choose to withdraw or modify your request before any costs are incurred.

## **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## **Choose someone to act for you**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

## **File a complaint if you feel your rights are violated**

If you are concerned that your privacy rights have been violated, you may file a complaint by contacting our office promptly. You may also send a written complaint to the U.S. Department of Health and Human Services

Office for Civil Rights  
200 Independence Avenue, S.W.,  
Washington, D.C. 20201  
1-877-696-6775

You may also visit their website [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

We will not retaliate against you for filing a complaint.

## **YOUR CHOICES**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

## **In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

## **In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## **OUR USES AND DISCLOSURES**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Treatment**

We can use your health information and share it with other professionals who are treating you. For example, our specialist(s) may request that your primary care physician share your medical information with us. Also, we may provide your primary care physician information about your particular condition.

#### **Health Care Operations**

We are permitted to use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we may have a professional provide auditing services for our practice to make sure we are in compliance. These professionals will review billing and medical records to ensure we remain compliant with regulations and the law. Also, phone encounters or office visits may be audibly or video recorded for quality assurance purposes.

#### **Bill for your services**

We are permitted to use and share your health information to bill and get payment from health plans or other entities for services that we provide to you. For example, we give information about you to your health insurance plan so it will pay for your services.

#### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways without your authorization – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Public Health, Abuse, Neglect, Health Oversight, and safety issues**

We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local for collection of information about disease, vital statistics (like births and deaths), or injury by a public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report reaction to medication, problem with products, or to notify people of recalls of products they may be using.

We may also disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Texas law also requires physicians to report child abuse or neglect. Regulations also permit disclosure of information to report abuse or neglect of elders or the disabled.

We may disclose your medical information to a health oversight agency for those activities authorized by law. These activities include audits, investigations, licensure applications which are all government activities undertaken to monitor the health care delivery system and compliance with the law.

#### **Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors**

When a research project and its privacy protections have been approved by an institutional review board, or privacy board, we may release medical information to researchers for research purposes. We may release your information to organ procurement organizations for the purpose of donation, if you are a donor. Also, we may release information to a coroner, medical examiner, or funeral director when an individual dies

#### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Address workers' compensation, law enforcement, and other government requests**

We are permitted to use or share health information about you without authorization:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official, for example for inmates under custody of law enforcement
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We may share health information about you in response to a court or administrative order, or in response to a subpoena.

## **OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**Effective: 07/01/2020**

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