

What are your rights?

- ❖ To see and get a copy of your record (with some exceptions). A fee will apply.
- ❖ To appeal if we decide not to let you see all or some parts of your record.

- ❖ To ask for the record to be changed if you believe you see a mistake or something that is not complete.

- ❖ You must make this request in writing. We may deny your request if:
 - We did not create the entry that is wrong; or
 - the information is not part of the file we keep; or
 - we believe the record is accurate and complete.

- ❖ To know to whom we have sent information about you for up to the last six years. The first request in a 12 month period is free. We may charge you for additional requests.

- ❖ To limit how we use or disclose information about you. This must be made in writing, and we are not required to agree to the request.

- ❖ To ask that we communicate with you about medical matters in a certain way (by mail, by phone, by fax, etc.) or at a certain location. This must be made in writing.

- ❖ To authorize other releases of your personal information not described above. You may change your mind and remove the authorization at any time (in writing).

- ❖ To have a paper copy of the Notice of Privacy Practices.

- ❖ To file a complaint if you believe any of your rights have been violated. All complaints must be made in writing. You will not be penalized if you file a complaint.

If you wish to exercise any of these rights, or to file a complaint, you should contact the Privacy Officer of this office.

Midwest Neurosurgery Associates, P. C.

6420 Prospect
Suite T411
Kansas City, MO 64132

5701 West 119th Street
Suite 308
Overland Park, KS 66209

816-363-2500

Privacy Officer, Extension 122

HIPAA

(Health Information Privacy and Accountability Act)

PRIVACY PRACTICES

Midwest Neurosurgery Associates, P. C.

HIPAA is a new federal law concerned with the privacy of personal medical information. This notice applies to personal medical/ health information that we have about you, and which are kept in or by this facility.

With some exceptions, we must obtain your authorization to disclose (or release) your health care information. There are some situations in which we do not have to have an authorization. We can use your health information and share it with other healthcare providers involved in your care.

This pamphlet does not cover every possible use or disclosure.

If you have any questions, please contact the Privacy Officer for Midwest Neurosurgery Associates, P. C.

Who has access to your personal information?

Medical/health information about you can be used to:

- ❖ Plan your treatment and services.
 - This includes releasing information to qualified professionals who work at our facility and are involved in your care or treatment. It may also include other providers outside our office who are involved in your care. We will only release what is necessary for them to do their jobs.
- ❖ Submit bills to your insurance company; Medicare, Medicaid, or third party payers.
- ❖ Obtain approval in advance from your insurance company for surgery, diagnostic tests, physical therapy, etc.
- ❖ Exchange information with Social Security, Employment Security, or Social Services.
- ❖ Measure our quality of services.

Your permission is not necessary in order

- ❖ To exchange information with state agencies as required by law.
- ❖ To treat you in an emergency.
- ❖ To treat you when there is something that prevents us from communicating with you.
- ❖ To send you appointment reminders. This is generally done by telephone. If we receive an answering machine, we will leave a reminder on the answering machine. If we speak with another party at your home, we will leave a message. If you do not wish this, please notify us in writing.
- ❖ To inform you about possible treatment options.
- ❖ For agencies involved in a disaster situation.
- ❖ For certain types of research.
- ❖ When there is a serious public health or safety threat to you or others.

We may use your personal information without your permission:

- ❖ As required by state, federal, or local law. This includes investigations, audits, inspections, and licensure.
- ❖ When ordered to do so by a court.
- ❖ To communicate with law enforcement if you are a victim of a crime, involved in a crime at our facility, or you have threatened to commit a crime.
- ❖ To communicate with coroners, medical examiners, and funeral homes when necessary for them to do their jobs.
- ❖ To communicate with federal officials involved in security activities authorized by law.
- ❖ To communicate with a correctional facility if you are an inmate.

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