

Westchester Spine and Brain Surgery, PLLC

SUMMARY NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY KEEP THIS SUMMARY NOTICE FOR YOUR RECORDS.

Introduction

At Westchester Spine and Brain Surgery, PLLC, we are dedicated to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information as a patient. This notice applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Westchester Spine and Brain Surgery, PLLC., a record of your visit is made. Normally, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care of treatment. This information, referred to as your health or medical records, serves several functions:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify that the services billed were actually rendered
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charges with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, when, and why others may access your health information, and help you make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Westchester Spine and Brain Surgery, PLLC, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record as provided for in 45CFR 164.524
- Amend your health record as provided in 45CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45CFR 164.528
- Request communications of your health information by alternative means or at other locations
- Request a restriction on certain uses and disclosures of your information as provided by 45CFR 164.522
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibility

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied to us.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also cease to disclose your health information after we have received written revocation from you of the authorization according to the procedures included in the authorization.

To Request Additional Information or to Report a Problem

If you have questions or would like additional information, please contact the practice's Privacy Officer, PO Box 247, Tarrytown, N.Y. 10591 or call (914)-332-0396.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office of Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is:

Office for Civil Rights
U.S. Department of Health and Human Services
Jacob Javits Federal Building
26 Federal Plaza, Suite 3312
New York, N.Y. 10278
E-Mail: OCRComplaint@hhs.gov

(Continued on reverse side)

Examples of Disclosures for Treatment, Payment, and Health Operations

We will use your health information for treatment

Information obtained by a nurse, physician, or other member of your health care team will be recorded in your medical record and will be used to determine the course of treatment for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and any observations. This way the physician will know how you are responding to treatment.

We will also provide your physician or subsequent health care provider with copies of various reports that should assist them in treating you when needed.

We will use your health information for payment

A bill may be sent to your third party payer. The information on or accompanying the bill may include information that personally identifies you, as well as your diagnosis, procedures and supplies used. Any other applicable information requested from your health record from a third party payer in order to consider payment for services may also be sent as requested to the payer.

We will use your health information for regular health operations

For example: Members of the medical staff, risk or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

Business Associates

Some of the services provided are through contacts with business associates. Examples include physicians' services provided at the emergency, radiology, or laboratory departments at the hospital, and a copy service we may use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the service we have asked them to do and bill you or your third party payer for services rendered. To protect your health information, we require the business associate to appropriately safeguard your information.

Notification

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family

Using their best judgment, health professionals may disclose to a family member, other relative, close personal friend, or any other person you identify with health information relevant to that person's involvement in your care or payments related to your care.

Research

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral Directors

We may disclose health information to funeral directors consistent with applicable law to carry out their duties

Organ procurement companies

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund raising

We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA)

We may disclose to the FDA health information to adverse events with respect to food, supplements, product or product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law enforcement

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Westchester Spine and Brain Surgery, PLLC

280 North Central Ave., Suite 235
Hartsdale, NY 10530
Phone (914) 332-0396 Fax (914) 468-8895

ACKNOWLEDGEMENT OF RECEIPT
OF
WESTCHESTER SPINE AND BRAIN SURGERY NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that a copy of Westchester Spine and Brain Surgery , PLLC. Notice of Privacy practices was provided to me . I further acknowledge and understand that if I have any questions about WESTCHESTER SPINE AND BRAIN SURGERY , PLLC. Privacy practices or my rights with regard to my personal health information, I may contact, Westchester Spine and Brain Surgery, Privacy Officer for further information as set forth in this Notice.

Name of Patient – Please Print Name

(Name of personal Representative)

Signature of Patient (or Representative)

Date

If signed by patient’s representative, state representative’s authority to act on behalf of patient.

**DOCUMENTATION SUPPORTING GOOD FAITH EFFORT TO OBTAIN
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Patient Name: _____ Patient Identification # _____

I hereby certify that on ____/____/____ (MM/DD/YR) , I made a good faith effort to obtain the above Patient’s written acknowledgement of receipt of Westchester Spine and Brain Surgery , but I was unable to do so for the following reason (s).

Signature of Staff Personnel

Name of Staff Personnel (please print)

Please Note: This document will be maintained permanently in the patient’s medical record or other file on provider’s premises.