

NEUROSURGICAL ASSOCIATES
NOTICE OF PRIVACY PRACTICES

This Notice is effective May 4, 2011

THIS NOTICE SUMMARIZES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU

WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES

1. Treatment
2. Payment
3. Healthcare Operations
4. Persons Involved in Your Care
5. Required by Law
6. National Priority Uses and Disclosures
 - Law enforcement
 - Coroners and others
 - Workers' compensation
 - Research organizations
 - Certain government functions
7. Authorizations

YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU

1. Right to a Copy of This Notice
2. Right of Access to Inspect and Copy
3. Right to Have Medical Information Amended
4. Right to an Accounting of Disclosures We Have Made
5. Right to Request Restrictions on Uses and Disclosures
6. Right to Request an Alternative Method of Contact

Signing this form indicates that you have reviewed the full Notice of Privacy Practices for Neurosurgical Associates that was provided to you either in an electronic, laminated or printed format at the time of your appointment. A copy of the full Notice of Privacy Practices for Neurosurgical Associates is available upon request. This notice is effective for all medical information that we maintain that pertains to your care and does not expire.

PATIENT SIGNATURE & DATE