

NOTICE OF PRIVACY PRACTICES

Our organization is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment, products, and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and privacy practices concerning your health information.

THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.

- Your confidential healthcare information may be disclosed to employees or business associates of the company when needed to provide you with products and/or services, to secure payment for products and/or services provided, and as needed to operate our business. Employees and business associates of the company will only be provided with the minimum necessary information needed to complete their duties.
- Your confidential healthcare information may be released to other healthcare professionals for the purpose of providing you with quality healthcare.
- Your confidential healthcare information may be released to your insurance provider for the purpose of the company receiving payment for providing you with needed healthcare products and services.
- Your confidential healthcare information may be released to a public health organization or federal organization in the event of the need to report a communicable disease or to report a defective device.
- Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice without requesting a specific authorization from you to release information for a specific purpose.
- You may be contacted by the company to remind you of the need to re-order regular and routine supplies that you currently receive from the company, or to notify you of other health services that may be of interest to you.
- You have the right to restrict the use of your confidential healthcare information. If you object to your confidential information being disclosed as described in this agreement you may request a “Restriction of Information / Consent” form. Upon completion of this form the company will abide by the restrictions you request. However, the company may choose to refuse to provide continuing service to you if the restrictions you request would interfere with the company maintaining normal treatment, payment, or healthcare operations in regard to your account.

PRIVACY NOTICE (continued)

- You have the right to receive confidential communication about your health status and the products and services provided to you.
- You have the right to review and photocopy any/all portions of your healthcare information.
- You have the right to make changes to your healthcare information.
- You have the right to know who has accessed your confidential healthcare information and for what purpose.
- You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- The company is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients with a list of duties or practices that protect confidential healthcare information.
- The company will abide by the terms of this notice. The company reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. Patients will receive a mailed copy of any changes to this notice within 60 days of making the changes.
- You have the right to complain to the company if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to the company:

ATTN: Kathleen Williams
Neurosurgical Care
649 North Lewis Road, Suite 225
Royersford, PA 19468

All complaints will be investigated.

- For further information about this Privacy Notice, please contact:

Kathleen Williams, HIPAA Compliance Officer
Neurosurgical Care
649 North Lewis Road, Suite 225
Royersford, PA 19468
(610) 495-3620 ext#100

- This notice is effective as of 4/15/03. This date must not be earlier than the date on which the notice is printed or published.