

NOTICE OF PRIVACY PRACTICE

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.

This notice describes the practices of and applies to Axis Neurosurgery and Spine including:

- Any healthcare professional authorized to enter information into your medical record on behalf of this practice
- All employees, staff, and Business Associates working for or on behalf of Axis.

This notice describes the ways in which we may use and disclose your medical information. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- Ensure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you seek care at our practice, a record of the interaction is made. This record typically contains your symptoms, medical history, diagnoses, and pertinent information which does include personal identifiers such as your date of birth, telephone number and billing information. This information, often referred to as your health or medical record, serves as:

- A basis for evaluating your condition
- A means of communication among the many health professionals who contribute to your care
- A legal document describing the diagnosis, testing or treatment performed
- A means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why about those who may access your health information
- Make more informed decisions when authorizing disclosure to others

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

This describes different ways that we are permitted to use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. If you are referred to or otherwise seek care from our practice, we will solicit information from you and other authorized sources to use in developing a diagnosis and course of treatment for you. This information may be shared with your primary care or referring medical provider, medical insurance companies, hospitals, diagnostic services companies, and when appropriate to those charged with making decisions for your care (for example a parent or guardian).

For Payment. We may use and disclose your medical information so that the testing or treatment may be authorized, or that services we provide may be billed and payment may be collected from you, an insurance company, or a third party. We may tell your health plan about a test or testing provided to you. We may also give information to someone who helps pay for your care.

For Healthcare Operations. We may use and disclose your medical information for business operations. Business operations are activities that are necessary to run the practice and to make sure that all of our patients receive quality care. When we do this, information that identifies you may be removed from this set of medical information so others may use it to study healthcare and healthcare delivery without learning who the specific patients are. If ownership of the practice changes as a result of sale, transfer, merger or consolidation, your medical information would be disclosed to the new entity, and that entity will be required to notify you and follow the same privacy policies.

Research. We may disclose information to researchers when an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

As Required By Law. We will disclose your medical information when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would be only to someone able to help prevent the threatened harm.

Special Situations. We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Organ and Tissue Donation. If you are a potential organ donor, we may release medical information to organ procurement organizations, or eye or tissue banks, as necessary, to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release your medical information as required by law. We may also release medical information about foreign military personnel to the appropriate foreign military authority as required by law.

Workers' Compensation. We may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose, when requested, your medical information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report abuse and/or neglect of a child, elder or disabled person
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

Health Oversight Activities. We may, when requested, disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, certifications, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court order. Under certain circumstances, we may also disclose your medical information in response to a subpoena or other lawful process, but we will do so only if efforts have been made to tell you about the request or to obtain an order protecting the information requested, or if you or a court have provided written authorization.

Law Enforcement. We may release your medical information if asked to do so by a law enforcement official, if permitted by law:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the practice; and
- In emergency circumstances: to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors or designees as necessary to carry out their duties.

National Security and Intelligence Activities. If permitted by law, we may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities, as authorized by law.

Protective Services for the President and Others. We may disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations, if permitted by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official under certain circumstances, if permitted by law. This release would be necessary: (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

OTHER USES OF YOUR MEDICAL INFORMATION

Other uses and disclosures of your medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Obtain a Copy. You have the right to inspect and obtain a copy of your medical information that may be used to make decisions about your care. This information includes medical and billing records but does not include psychotherapy notes.

To inspect or obtain a copy of the information about you, you must submit your request in writing to our Privacy Officer (contact information below). To inspect or obtain a copy of your medical records from our office, please contact our office directly. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed

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healthcare professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you think that the information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for the practice. Your request for an amendment will become a legal part of your medical record, to be sent out along with the rest of the record whenever a request for copies is received. No part of the original documentation in the medical record can be destroyed.

To request an amendment of your practice record, your request must be made in writing and submitted to our Privacy Officer (see contact information below). In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:

- Was not created by us, or where the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to Request an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of certain disclosures or releases we made of your information for which your authorization was not obtained. The list will not include releases made for purposes of treatment, payment, or healthcare operations.

To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer (see contact information below). Your request must state a time period, which may not be longer than six years ago and may not include dates before January 6, 2014 (date our practice opened). Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.

We are not required to agree to your request for restrictions. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

To request restrictions on your practice records, you must make your request in writing to our Privacy Officer (see contact information below). You must tell us (1) what information you want to limit; (2) whether you want to limit our internal use, our disclosure to an outside party, or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or only by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer (see contact information below). We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

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Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us at any time to give you a copy of this notice. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact the Reception Desk or our Privacy Officer.

Filing a Privacy Complaint

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer (see contact information below) or with the Secretary of the Department of Health and Human Services. Complaints must be submitted in writing. You will not be penalized for filing a complaint.

Contacting Our Privacy Officer

To request any of the above privacy rights or to for answers to questions about this Privacy Notice, contact our Privacy Officer:

**Diane DenHaese, MD
Axis Neurosurgery and Spine
19 Limestone Drive, Suite 11
Williamsville, New York 14221
716-634-3500**

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will prominently post copies of the current notice in the hospital. The notice will contain the effective date on the first page, in the top right corner. In addition, each time you visit our office, a copy of the notice currently in effect will be available to you.