

Notice of Privacy Practices

This Notice of Privacy Practices describes how Atlas Neurosurgery & Spine may use and share your Protected Health Information ("PHI"). PHI is information in any form (paper, verbal, electronic, or recording (audio, video, etc.)) that identifies you and that describes your physical or mental health condition and your health care services (past, present and future). Your health information is protected by law for up to 50 years after death.

We are required by applicable federal and state laws to maintain the privacy of our patients' PHI and to provide you with this Notice of Privacy Practices ("Notice") of our legal duties and privacy practices. We are required to follow the terms of this Notice, so long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and any new Notice will be effective for all PHI maintained by Atlas Neurosurgery & Spine. You have a right to receive a copy of the currently effective Notice and may request a copy from our office in person or by calling 602-975-0123.

I. HOW ATLAS NEUROSURGERY & SPINE MAY USE AND DISCLOSE YOUR PHI

Authorization - The ways in which we may use or share your PHI without separate authorization are listed below. We will not use your PHI for any *other* purpose unless you have signed a form authorizing such use or disclosure. At any time, you have the right to revoke an authorization to disclose your information if you do so in writing, however, such revocation will not apply to any action we have taken based on your original authorization.

Uses and Disclosures that DO NOT Require Your Authorization

Treatment - We may use and share your PHI as necessary to provide, coordinate or manage your health care treatment. We may also share your PHI with another health care provider who is not associated with us but who provides medical treatment to you.

Payment - We may use and share your PHI as necessary to obtain payment for services we provide you.

Health Care Operations - We may use and share your PHI as necessary for our health care operations. Healthcare operations include quality assessment and improvement activities, reviewing the competency or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Family or Others Involved - Unless you object, we may from time to time disclose relevant PHI to family, friends, or others whom you have designated. We would only disclose relevant PHI to those involved to assist in their involvement in caring for you or paying for your care. If you are unable or unavailable to agree or object, or are facing an emergency medical situation or in the case of a public disaster, we may share limited PHI with your family and friends or to an organization that is involved in disaster relief efforts if we believe such a disclosure is in your best interest.

Business Associates - Certain aspects of our services may at times be performed through arrangements with outside persons or organizations known as business associates, such as auditing services or billing services. As such, it may be necessary for us to provide your PHI to these business associates. In all cases, business associates are obligated to protect your PHI in the same manner we are and we obtain written assurances from them stating their agreement to protect your PHI.

Military/National Security - We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

Abuse, Neglect, and Law Enforcement - We may disclose your PHI if such information causes us to suspect abuse or neglect which we are required or permitted by law to report to authorities. We may also disclose your PHI to law

enforcement officials as required or permitted by law to report wounds, injuries, and suspicion of certain crimes, or with a court order (or warrant) for a serious crime and law enforcement officials are seeking your identification and location.

Food and Drug Administration - We may disclose your PHI to the Food and Drug Administration or its designee, if necessary, to report such things as adverse reactions, product defects, or to participate in product recalls.

Disclosures to Employers - We may disclose your PHI to your employer when we have provided services to you at the request of your employer to determine workplace-related illness or injury. We may also disclose your PHI to workers' compensation agencies, if necessary, for your workers' compensation benefit determination.

Judicial and Administrative Proceedings - We may disclose your PHI in judicial and administrative proceedings. We may also disclose it in response to a court order, administrative tribunal, subpoena, summons, warrant, discovery request, or similar legal request.

Required By Law - We may use and/or disclose your PHI if we are otherwise required by law to disclose the information.

II. RIGHTS YOU HAVE REGARDING YOUR PHI

Access to Your PHI - You have the right to inspect and request electronic or paper copies of your PHI that we maintain or to direct us to send a copy to a third party. We may charge you a reasonable cost-based fee and any postage. We may ask your request to be in writing.

Amendments to Your PHI - You have the right to request changes to the PHI we maintain about you. We are not obligated to make all requested changes but will give each request careful consideration. All requests must be in writing (signed and dated). The request must state the reasons for the change requested.

Accounting of Disclosures - You have the right to request an accounting of certain disclosures of your PHI, which would not include disclosures made for treatment, payment, or health care surgeries, or when an authorization form was obtained. Requests must be in writing (signed and dated).

Restrictions on Use and Sharing of Your PHI - You have the right to request us to restrict how we use and disclose your PHI. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests, when appropriate. You have the right to terminate any agreed-to restriction at any time. You also have the right to restrict disclosures of your PHI to your health plan with respect to health care for which you have paid out of pocket in full.

Breach Notification - You have the right to receive notification of breaches of your unsecured PHI.

Complaints - If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in writing within 180 days of discovering a violation of your rights. There will be no retaliation against you for filing a complaint.

Right to Receive a Copy of this Notice - you may request a copy of our Notice at any time by using the contact information listed below.

Atlas Neurosurgery & Spine
Attn: Privacy Officer
8402 E. Shea Blvd., Suite 100
Scottsdale, AZ 85260
602-975-0123

Notice of Privacy Practices Acknowledgement

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent I authorize Atlas Neurosurgery & Spine to use and disclose my protected health information to carry out:

- Treatment (including direct or indirect treatment by other healthcare providers in my treatment).
- Obtaining payment from third party payors.
- The day-do-day healthcare operations of their practice.

Date: _____

Patient/Authorized Representative Name (Printed): _____

Patient/Authorized Representative Signature: _____