

Notice of Privacy Practices for Protected Health Information Effective Date: 04/05/12

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.

The office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Your Health Information Rights

The health and billing records we maintain are the physical property of the office. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering (in writing) a request to our office. We are not required to grant the request, but we will comply with any request granted;
- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information;
- Request you be allowed to inspect and copy your health record and billing record you may exercise
 this right by delivering the request to our office with appropriate notice and fees;
- Appeal a denial of access to your protected health information, except in certain circumstances;
- Request your health care record be amended to correct incomplete or incorrect information by delivering a request in writing to our office. We may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by or for the office;
 - o Is not part of the information you would be permitted to inspect and copy; or,
 - Is not accurate and/or complete.
- If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records;
- Request communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by
 delivering a request to our office/hospital. An accounting will not include uses and disclosures of
 information for treatment, payment, or operations; disclosures or uses made to you or made at your
 request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures
 made in a facility directory or to family members or friends relevant to that person's involvement in

- your care or in payment for such care; or, uses or disclosures to notify family or others responsible for your care of your location, condition, or your death;
- Revoke authorizations you made previously to use or disclose information by delivering a written revocation to our office, except to the extent information or action has already been taken.

Our Responsibilities

The office is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health
and Human Services (HHS) as a condition of receiving treatment from the office. We cannot, and will
not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Other Disclosures and Uses

We may disclose information, as authorized by law, related to the following:

Communication with family health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency; notification of a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death; to researchers when their research has been approved by in Institutional Review Board; for Specialized Governmental Functions, coroners, Medical Examiners, and Funeral Directors; Organ Procurement Organizations (if you are an organ donor); Food and Drug Administration (FDA); Employers when related to Workman's Compensation, Public Health Board; Board of Medical Examiners; Law Enforcement; Health Oversight; Judicial/Administrative Proceedings; to report Abuse and Neglect, avert a Serious Threat, or to assist in disaster relief efforts.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem, or want to exercise any of the above rights or file a complaint in writing or in person during regular business hours:

Lloyd W. Mobley III, M.D.

Rocky Mountain Neurosurgery

9695 South Yosemite Street, Suite 377

Lone Tree, CO 80124 Phone: 720-484-6908 Fax: 720-484-6918

You may also file a complaint by mailing it to the secretary of Health and Human Services, whose street address is: Office for Civil Rights – U.S. Department of Health and Human Services – 200 Independence Avenue S.W. – Room 509F, HHH Building – Washington, D.C. 20201.