



NOTICE OF PRIVACY PRACTICES

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

Associated University Neurosurgeons, S.C. acts to maintain the privacy of protected health information and provide individuals with notice of the practice's legal duties and privacy practices with respect to protected health information as described in this Notice and abide by the terms of the Notice currently in effect.

**If you have any questions, please contact Debra Schultz, Privacy Officer
719 N. William Kumpf Blvd., Peoria, Illinois 61605
Phone number: (309) 676.0766**

ABOUT THIS NOTICE

Provisions of Notice: Associated University Neurosurgeons, S.C. provides its Notice of Privacy Practices to every patient with whom we have a direct treatment relationship. The Notice is provided no later than the date of the first treatment after April 13, 2003.

We will make our Notice available to any member of the public to enable prospective patients to evaluate our privacy practices when making their decision regarding whether to seek treatment from this practice.

Documentation of Provision of Notice: When a direct treatment patient receives our Notice, we ask the patient to sign our Consent for Release and Use of Confidential Information and Receipt of Notice of Privacy Practices form. We file this form in the patient's medical record. If a patient refuses to sign the form, it is noted in the medical record that the patient was given the Notice and refused to sign the form.

Effective Date and Changes to Notice: This notice is effective April 14, 2003. Associated University Neurosurgeons, S.C. reserves the right to revise this Notice whenever there is a material change to the uses or disclosures, the individual's rights, our legal duties, or other privacy practices stated in the Notice. Except when required by law, a material change to any term of Notice will not be implemented prior to the effective date of the notice in which such material change is reflected.

If the Notice is revised, the practice makes the revised Notice available upon request beginning on the revision's effective date. Our revised notice is posted in the reception area and made available to all patients, including those who have received a previous Notice. If a patient is given a revised Notice, they are asked to acknowledge in writing receipt of the revised Notice.

Complaints: Associated University Neurosurgeons, S.C. allows all patients and their agents to file complaints with the practice and with the Secretary of the federal Department of Health and Human Services (DHHS). A patient or their agent may file a complaint with the practice whenever they believe that the practice has violated their rights. Associated University Neurosurgeons, S.C. does not take any adverse action against any patient who files complaint against the practice.

Complaints to the practice must be in writing, must describe the acts or omissions that are the subject of the complaint, and must be filed within 180 days of the time the patient became aware or should have become aware of the violation. Complaints must be addressed to the attention of the Privacy Officer at our Peoria address. We will investigate each complaint and may, at our discretion, reply to the patient or their agent.

Complaints to the Secretary of the Department of Health and Human Services must be in writing, must name the practice, must describe the acts or omissions that are the subject of the complaint, and must be filed within 180 days of the time the patient became aware of or should have become aware of the violation. Complaints should be sent to the Secretary of the Department of Health and Human Services at 200 Independence Ave, S.W., Washington D.C. 20201.

Contact Person: Associated University Neurosurgeons, S.C. has a Privacy Officer that serves as the contact person for all issues related to the Privacy Rule. The Privacy Officer is Debra Schultz. If you have any questions about this Notice, please contact Debra Schultz at (309) 676.0766 or 719 N. Wm. Kumpf Blvd., Peoria, IL 61605.



USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Associated University Neurosurgeons, S.C. reasonably ensures that the protected health information (PHI) it requests, uses, and discloses for any purpose is the minimum amount of PHI necessary for the purpose.

The practice treats all qualified individuals as personal representatives of our patients and generally allows individuals to act as personal representatives of patients. The two primary exceptions to allowing individuals to act as personal representatives relate to unemancipated minors and abuse, neglect, or endangerment situations.

Associated University Neurosurgeons, S.C. makes reasonable efforts to ensure that PHI is only used by and disclosed to individuals that have a right to the PHI. To that end, we make reasonable efforts to verify the identity of those using or receiving PHI.

Uses and Disclosures – Treatment, Payment, and Health Care Operations:

Associated University Neurosurgeons, S.C. uses and discloses protected health information for payment, treatment, and health care operations. Treatment includes those activities related to our providing services to patients, including releasing information to other health care providers involved in patients' care. Payment relates to all activities associated with getting reimbursed for the services we provide, including submission of claims to insurance companies and any additional information requested by the insurance company so they can determine if they should pay the claim. Health care operations include a number of areas, including quality assurance and peer review activities.

Uses and Disclosures – Not Requiring Authorization:

Disclosure to Those Involved in Individual's Care: Associated University Neurosurgeons, S.C. discloses protected health information (PHI) to those involved in a patient's care when the patient approves or, when the patient is not present or able to approve, when such disclosure is deemed appropriate in the professional judgment of the practice.

When the patient is not present, we will determine whether the disclosure of the patient's PHI is authorized by law and, if so, disclose only the information directly relevant to the person's involvement with the patient's health care.

Associated University Neurosurgeons, S.C. does not disclose PHI to a suspected abuser if, in our professional judgment, there is reason to believe that such a disclosure could cause the patient serious harm.

Uses and Disclosures in Worker's Compensation: If you are seen for a worker's compensation claim, federal rules permit the release of information related to your claim, as permitted or required by state law.

Uses and Disclosures for the Military and Veterans: Under federal regulations, if a patient is a member of the United States Armed Forces, we are permitted to release PHI as required by military authorities. We also may release PHI about foreign military personnel to the appropriate foreign military authority. When the military organization is sponsoring the medical evaluation, the patient's medical information is shared with both the patient and the sponsoring organization. Patients being evaluated on behalf of the military are aware of these arrangements.

Uses and Disclosures Required by Law: Associated University Neurosurgeons, S.C. uses and discloses protected health information (PHI) to appropriate individuals as required by law:

- **Disclosure to Public Health Officials:** This includes the reporting of communicable diseases and other conditions, sexually transmitted diseases, lead poisoning, Reyes Syndrome, and mandated reports of injury, medical conditions or procedures, or food-borne illness including but not limited to adverse reactions to immunizations, cancer, adverse pregnancy outcomes, death, birth.
- **Disclosures Regarding Victims of Abuse, Neglect or Domestic Violence:** Associated University Neurosurgeons, S.C. discloses information about a minor, disabled adult, nursing home resident, or person over 60 years of age whom we reasonably believe to be a victim of abuse or neglect to the appropriate authorities as required by law or, if not required by law, if the individual agrees to the disclosure. This includes child abuse and neglect, elder abuse and exploitation, abused and neglected nursing home residents, or disabled adults abuse. We inform the individual of the reporting unless, in the exercise of professional judgment, we believe informing the individual would place them at risk of serious harm or if we would be informing a personal representative and we believe the personal representative is responsible for the abuse, neglect, or other injury and that informing such person would not be in the best interests of the patient as determined by our professional judgment.



- **Uses and Disclosures for Health Oversight Activities:** As required by law, we use and disclose PHI for audits, investigations, licensure issues, and other health oversight activities, including, but limited to, hospital peer review, managed care peer review, or Medicaid or Medicare peer review.
- **Disclosures for Judicial and Administrative Proceedings:** In general, we disclose information for judicial and administrative proceedings in response to an order of a court or an administrative tribunal; or a subpoena, discovery request, or other lawful process not accompanied by a court order or an ordered administrative tribunal.
- **Disclosures for Law Enforcement Purposes:** Associated University Neurosurgeons, S.C. will disclose PHI to law enforcement officials for law enforcement purposes.
- **Uses and Disclosures Related to Decedents:** Associated University Neurosurgeons, S.C. uses and discloses PHI as required to a coroner or medical examiner and funeral directors. The attending physician is required to sign the death certificate and provide the coroner with a copy of the decedent's protected health information.
- **Uses and Disclosures Related to Organ, Eye, or Tissue Donation:** Associated University Neurosurgeons, S.C. uses and discloses PHI to facilitate organ, eye, and tissue donation.
- **Uses and Disclosures to Avert a Serious Threat to Health or Safety:** We will use and disclose PHI to public health and other authorities as required by law to avert a serious threat to health or safety.
- **Uses and Disclosures for Specialized Government Functions:** The practice uses and discloses PHI for military and veteran's activities, national security and intelligence activities, and other activities as required by law.
- **Uses and Disclosures in Emergency Situations:** Associated University Neurosurgeons, S.C. uses and discloses PHI as appropriate to provide treatment in emergency situations. When we have not previously provided our Notice of Privacy Practices to a patient who receives direct treatment in an emergency situation, we will provide the Notice to the patient as soon as practical following the provision of emergency treatment.

Marketing Purposes:

Associated University Neurosurgeons, S.C. does not use or disclose any protected health information (PHI) for marketing purposes. The practice does engage in communications about products and services that encourages recipients to purchase or use the product or service for treatment and to direct or recommend alternative treatments, therapies, health care providers, or settings of care to the individual. These activities are not considered marketing. Additionally, we may contact patients with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to them.

Medical Research:

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who receive one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project in its use of medical information, trying to balance the research needs with the patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information does not leave the organization. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

Uses and Disclosures Not Applicable to the Practice:

Associated University Neurosurgeons, S.C. does not use or disclose protected health information (PHI) to a health plan sponsor, for underwriting and related purposes, for facility directories, to brokers and agents, or for fundraising. If an individual wants us to release their PHI for any of the aforementioned reasons, they need to contact the practice and complete an appropriate written authorization.



INDIVIDUAL RIGHTS

Accounting for Disclosures of Protected Health Information:

Associated University Neurosurgeons, S.C. tracks all disclosures of a patient's protected health information (PHI) that occur for other than the purposes of treatment, payment, and health care operations, that are not made to the patient or to a person involved in the patient's care, that are not made as a result of a patient authorization, and that are not made for national security or intelligence purposes or to correctional institutions or law enforcement officials.

The practice allows one request for accounting for disclosures within a 12-month period free of charge. We charge a reasonable fee of \$5.00 for more frequent requests. An individual can request an accounting of disclosures for a period of up to six years prior to the date of the request. Requests for shorter accounting periods will be accepted. However, a patient may only request an accounting of disclosures made on or after April 14, 2003.

We will respond to all requests for an accounting of disclosures within 60 days of receipt of the request. If the practice intends to provide the accounting for disclosures and cannot do so within 60 days, we inform the requestor of such and provide a reason for the delay as well as the date the request is expected to be fulfilled. Only one 30-day extension is permitted.

A request for an accounting for disclosure must be made in writing and mailed or sent to the practice. It should be marked "Attention: Privacy Officer".

Inspect and Copy Protected Health Information:

Associated University Neurosurgeons, S.C. allows individuals to inspect and copy their protected health information (PHI), documents all requests, responds to those requests in a timely manner, informs individuals of their appeal rights when a request is rejected in whole or in part, and charges a reasonable fee for the copying of records.

We review requests in a timely manner and act upon a request for access usually within 30 days. We may have a single extension of 30 days, if needed, to act on the request. Each request will be accepted or denied and the requestor notified in writing. The requestor has the right to have any denial reviewed by a licensed health care professional who is designated by the practice as a reviewing official and who did not participate in the original decision to deny. Associated University Neurosurgeons, S.C. informs the requestor of the decision of the reviewing official and adheres to the decision.

We charge a reasonable fee based on actual costs of fulfilling the request. The practice will determine the appropriate charge for providing the requested records and will inform the requestor in advance of providing the records. If the requestor agrees to pay the fee in advance, the records will be provided. Otherwise, the records will not be provided, unless the Privacy Officer determines that the charge is burdensome to the requestor.

Illinois law prohibits charges that exceed the following: \$20 handling fee plus 75 cents each for pages 1-25, 50 cents each for pages 26-50 and 25 cents each for pages 51 to end; plus actual expenses related to the copying of x-rays, CAT scans, and similar. We limit charges for records to the amounts allowed under Illinois law.

A request for inspection and copying of medical records must be sent to the practice in writing. It should be marked "Attention: Medical Records Clerk".

Request Amendment to Protected Health Information:

Associated University Neurosurgeons, S.C. allows an individual to request that the practice amend the protected health information (PHI) maintained in the patient's medical or billing records. The practice documents all requests, responds to those requests in a timely manner, and informs individuals of their appeal rights when a request is denied in whole or in part.

Generally, the practice will act on a request for amendment no later than 60 days after receipt of such a request. If the practice cannot act on the amendment within 60 days, the practice extends the time for such action by 30 days and, within the 60-day limit, provides the requestor with a written statement of the reasons for the delay and the date by which the practice will complete action on the request. Only one such extension is allowed.

We may deny a request for amendment based upon any of the following circumstances: the request is not in writing or does not include a supporting reason; the information you want to change was not created by us and the originator of the information is available to make the amendment; the information is not part of the designated medical record; or the information in the record is accurate and complete.



If we deny your request for amendment, we will give you a written explanation of the denial. If you still disagree with the explanation provided, you can submit your written disagreement to the Privacy Officer, or you can ask that your request for amendment and explanation of the denial be included in any future disclosure of the pertinent protected health information. If you submit a statement of disagreement, we may write a rebuttal to your statement of disagreement that will be included in your record.

Associated University Neurosurgeons, S.C. accepts requests to amend the PHI maintained by the practice. Requests must be in writing and should be marked "Attention: Privacy Officer".

Request Confidential Communications:

The practice accommodates all reasonable requests to keep communications confidential. The practice determines the reasonableness based on the administrative difficulty of complying with the request.

A request for confidential communications must be in writing, must specify an alternative address or other method of contact, and must provide information about how payment will be handled. The request must be addressed to the attention of the Privacy Officer. No reason for the request needs to be stated.

The practice will reject a request due to administrative difficulty if no independently verifiable method of communication such as a mailing address or published telephone number is provided for communications, including billing, or if the requestor has not provided information as to how payment will be handled.

If the request could result in our not being able to collect for services, we reserve the right to require you to provide additional information about how payment for services will be handled.

Associated University Neurosurgeons, S.C. will not refuse a request if the requestor indicates that the communication will cause endangerment or based on any perception of the merits of the requestor's request.

Request Restriction of Disclosures:

Associated University Neurosurgeons, S.C. accepts all requests for restrictions of disclosures of protected health information (PHI). The practice does not agree to any restrictions in the use or disclosure of PHI.

All requests for restrictions of disclosure must be submitted in writing to the attention of the Privacy Officer. The Privacy Officer will notify the requestor in writing that the practice does not accept restrictions of disclosure.

Authorizations:

Associated University Neurosurgeons, S.C. obtains a written authorization from a patient or the patient's personal representative for the use or disclosure of protected health information (PHI) for other than treatment, payment, or health care operations; however, the practice will not get an authorization for the use or disclosure of PHI specifically allowed under the Privacy Rule in the absence of an authorization. We will provide a patient upon request a copy of any authorization initiated by the practice (as opposed to requested by the patient) and signed by the patient.

Associated University Neurosurgeons, S.C. does not condition treatment of a patient on the signing of an authorization, except disclosure necessary to determine payment of claim (excluding authorization for use or disclosure of psychotherapy notes); or provision of health care solely for purpose of creating PHI for disclosure to a third party (e.g., pre-employment or life insurance physicals).

In Illinois, a specific written authorization is required to disclose or release mental health treatment, alcoholism treatment, drug abuse treatment or HIV/Acquired Immune Deficiency Syndrome (AIDS) information.

Associated University Neurosurgeons, S.C. allows an individual to revoke an authorization at any time. The revocation must be in writing and sent to the attention of the Privacy Officer. However, the practice will be able to use or disclose the PHI to the extent the practice has taken action in reliance on the authorization.



Waiver of Rights:

Associated University Neurosurgeons, S.C. never requires an individual to waive any of his or her individual rights as a condition for the provision of treatment, except under very limited circumstances allowed under law.

Federal and State Law:

Federal and state laws require us to protect your medical information, and federal law requires us to describe to you how we handle that information. When state and federal privacy laws differ, and Illinois law is more protective of your information or provides you with greater access to your information, then Illinois Law will override federal law.

If you have any questions, please contact:

**Debra Schultz, Privacy Officer
719 N. Wm. Kumpf Blvd., Peoria, Illinois 61605
Phone number: (309) 676.0766**