



## ARIZONA NEUROSURGERY & SPINE SPECIALISTS, P.C.

### NOTICE OF PATIENT INFORMATION PRACTICES

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

#### **Arizona Neurosurgery & Spine Specialists, P.C. LEGAL DUTY**

Arizona Neurosurgery & Spine Specialists, PC, is required by law to protect the privacy of your personal health information, provide this notice about our information practices, and follow the information practices that are described herein.

#### **USES AND DISCLOSURES OF HEALTH INFORMATION**

ANSS uses your personal health information primarily for treatment, obtaining payment for treatment, conduction of internal administrative activities and evaluation of the quality of care we provide. For example, ANSS may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health-related benefits that could be of interest to you.

ANSS may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and or emergencies. We also provide information when required by law.

In any other situation, ANSS's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

ANSS may change its policy at any time. When changes are made, a new Notice of Patient Information Practices will be posted in a common area of ours. You may also request an updated copy of our Notice of Patient Information Practices at any time

#### **PATIENTS INDIVIDUAL RIGHTS**

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment, or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment, and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. ANSS will consider all such requests on a case-to-case basis, but the Company is not legally required to accept them.

#### **CONCERNS AND COMPLAINTS**

If you are concerned that ANSS may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our Health Insurance Portability & Accountability Act of 1996 (HIPAA) Compliance Office at the address listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. For further information on ANSS's health information practices, or if you have a concern or complaint, please contact the following office:

HIPPA Compliance Department  
Arizona Neurosurgery & Spine Specialists, PC  
1331 N. 7<sup>th</sup> Street, Suite 275, Phoenix, AZ 85006, phone 602-254-3151

[REGISTRATION FORM PACKET - 4.7.2008]  
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