



Notice of Privacy Policy Practices – This notice describes how medical information about you may be used and disclosed and how you can gain access to this information. Please review this notice carefully. Central Ohio Neurological Surgeons/Eastwind Pain Consultants (CONS) is dedicated to providing you the best service possible while protecting your privacy. To this end, there are things that you need to know.

CONS obtains and maintains protected health information on every patient. This information may be disclosed for purposes essential to the day to day operation of CONS.

1. Treatment disclosure: CONS may disclose protected health information about you to other physicians, hospitals, and other healthcare providers to assist in treatment.
2. Payment disclosure: CONS may disclose protected health information to health plans, insurance companies, Medicare and Medicaid to assist in the payment of claims.
3. Operation disclosure: CONS may disclose protected health information about you to assess the quality of care provided and to train new employees.

Other uses and disclosures:

- **As Required by Law:** CONS may disclose protected health information to the extent that is required by law. Federal law permits and/or requires CONS to disclose protected health information if the need arises, to divulge this information to protect others.
- **Communicable Diseases:** CONS may disclose protected health information if the need arises, to divulge this information to protect others.
- **Legal Proceedings:** CONS may disclose protected health information in the course of any judicial or administrative proceeding and/or in response to a court order, subpoena, or other lawful process.
- **Law Enforcement:** CONS may disclose protected health information, if asked to do so by a law enforcement official, to aid in the identification and location of suspects or victims and/or pertaining to victims of crime, death with possible criminal implications, and emergency situations related to criminal activity.
- **Military Activities and National Security:** CONS may disclose protected health information to military personnel for the purposes of certain military activities, for intelligence purposes, and/or for national security. CONS may also disclose information to the Department of Veteran Affairs to determine eligibility for benefits.
- **Correctional Institutions:** CONS may disclose protected health information to prison officials if you are an inmate of a correctional facility and it is used to facilitate your care.
- **Funeral Directors, Coroners, and Organ Donation Facilities:** CONS may disclose protected health information to funeral directors, coroners, or medical examiners so that they may identify you, determine cause of death, or perform other activities as permitted by law. CONS may also disclose information to an organ donation facility.
- **Research:** CONS may disclose protected health information, unless you object, to a relative or close friend if they are directly involved in your health care. If you are unable to agree or object to such a disclosure, CONS will use professional judgment in determining the extent of information that is released.
- **Business Associates and Marketing:** CONS may disclose protected health information to marketing groups or business associates that have a signed agreement with CONS. CONS does not participate in outside marketing at this time.
- **Appointments and Surgery Scheduling:** CONS may contact you to provide appointment reminders. This may include leaving messages on answering machines, voicemail, or with the person who answers the phone. CONS will provide only the essential information such as doctor's name and appointment date and time.
- **Authorized Uses and Disclosures:** CONS agrees that other uses and disclosures of protected health information not covered by this notice or by the laws that apply to CONS will be made only with your written authorization. This authorization may be revoked at any time, in writing, to the Office Manager or Privacy Officer.

- **Emergency Treatment:** CONS may disclose protected health information to provide emergency treatment. CONS will attempt to obtain consent if possible.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding the information CONS maintains:

- **Restrictions:** You have the right to request restrictions on the use and disclosure of protected health information, however, CONS is not required to agree with your request. You must make your request in writing and CONS will respond in writing.
- **Right to Request Alternative Communication:** You have the right to request that CONS communicate with you about medical matters in a certain way or at a certain location. For example, you can request that CONS only contact you at work or by mail. Your request must be in writing. CONS will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to Inspect and Copy:** You have the right to inspect and copy your protected health information. You must submit your request in writing and CONS will respond to your request within sixty (60) days. CONS may charge a fee for the cost of copying, mailing, or other items associated with your request. CONS may deny your request in certain circumstances and this denial may be appealed in writing and reviewed.
- **Right to Amend:** You have the right to request that CONS amend your protected health information. This request must be made in writing and CONS will respond to your request within sixty (60) days. CONS may deny your request if the information you wish to have amended was not created by CONS, is not part of your protected health information, or is already accurate and complete. You may disagree with CONS' decision for denial and your written disagreement will be placed in your medical record.
- **Right of Disclosures:** You have the right to request a list of disclosures that were not related to treatment, payment, or health care operations. Your request must be made in writing and CONS will respond to your request within sixty (60) days. Your request must contain a time period and may not include dates prior to April 14, 2003.
- **Right to a Paper Copy:** You may request a paper copy of CONS' privacy practices at any time. To obtain a copy, please contact our Privacy Officer.

CHANGES AND AMENDMENTS

CONS reserves the right to change or amend this notice at any time and a revised version will be posted in the waiting room. You may request a revised version at any time.

COMPLAINTS

You may file a complaint, in writing, to CONS or the Secretary for the United States Department of Health and Human Services if you feel that your privacy rights have been violated.

Contact the Secretary of DHHS at:

233 N. Michigan Ave., Suite 240
Chicago, IL 60601

All complaints must be submitted within 180 days and must be in writing.

CONS Privacy Officer: Sharon Nelson (614) 268-9561