

**Notice of Health Information Privacy Practices**

**HIPAA**

This notice describes how medical information about YOU may be used or disclosed and how you can get access to this information. The Nebraska Neurosurgery Group is required to maintain the privacy of your health information except as descried in this notice. This notice applies to all of the medical records generated by The Nebraska Neurosurgery Group as well as records we receive from other providers or testing facilities.

UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

* Basis for planning your care and treatment
* Means of communication among the many health professionals who contribute to your care, including sharing information or diagnostic test results through secure imaging portals
* Legal document describing the care you received
* Means by which you or a third party can verify that services billed were actually provided
* A tool in educating health professionals
* A source of information for public health officials charged with improving the health of the nation
* A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

* Ensure its accuracy
* Better understand who, what, when, and why others may access your health information
* Make more informed decisions when authorizing disclosures to others

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

* Request a restriction on certain uses and disclosures of your information
* Obtain a paper copy of the notice of privacy practices upon request
* Inspect and copy your health record
* Request a copy of your personal health information in electronic form
* Amend your health record following policy and procedure of the healthcare provider
* Obtain an accounting of disclosures of your health information
* Request communications of your health information by alternative means or at alternative locations
* Revoke your authorization to use or disclose health information except to the extent that action has already been taken

OUR RESPONSIBILITIES

This organization is required to:

* Maintain the privacy of your health information
* Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
* Abide by the terms of this notice
* Notify you if we are unable to agree to a requested restriction
* Accommodate reasonable requests you may have to communicate health information by alternative locations
* Notify you if there is ever a breach of unsecured personal health information

OUR ELECTRONIC MEDICAL RECORD SECURITY MEASURES

We want your personal information to remain as secure as possible. We use encryption practices to insure the integrity and privacy of your personal information and/or health-related personal information you provide to us. As an added security precaution, all personal information and/or health-related personal information are kept on servers with firewalls that meet or exceed industry standards to prevent intruders from gaining access. Although we make every reasonable effort to protect personal information and health-related personal information from loss, misuse or alteration by third parties, you should be aware that there is always some risk involved in transmitting information via the Internet and that hackers or thieves do find ways to thwart security systems.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide notice of such changes. We will not use or disclose your health information without your authorization, except as described in this notice.

DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

We will use your health information for treatment. For example: information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.

Consent for treatment includes use by:

* Other healthcare providers: Information may be released to other healthcare providers who participate in your care. For example; we rely on certain laboratories and radiologists to perform tests. When they provide these services, we may disclose your health information to our business associates so they can perform the job they are hired to do. We require our business associates to appropriately safeguard your information
* Worker’s Compensation: We may release medical information about you to the extent authorized by and to the extent necessary to comply with the laws relating to workers’ compensation or other similar programs established by law
* Public Health Risks: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability
* Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include; audits, investigations, inspections, and licensure and disciplinary action that are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws
* Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena

**We will use your health information for payment.**

* A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used
* You have the right to pay out-of-pocket for a service and the right to require that our office not submit personal health information to your health plan for that service
* Your account information may be released to our business associates to assist in activities related to the collection of patient balances and to answer questions regarding your account. The information that would be shared include your name, address, telephone numbers, social security number, place of employment, next of kin, and service dates. Information relating to charity relief or bankruptcy would be shared if applicable

**We will use your health information for regular health operations.**

Members of the medical staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. For example peer to peer review.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact our office at

402-904-4729.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards that are potentially endangering one or more patients, workers, or public.

If you believe your privacy rights have been violated, you can file a complaint with our office by sending it to:

The Nebraska Neurosurgery Group

6041 Village Dr Suite 110

Lincoln NE 68516

A complaint may also be registered with Secretary of Health & Human Services in Washington, DC.

There will be no retaliation for filing a complaint.

**Revised 7/2015**