FEIGENBAUM NEUROSURGERY
Specializing in the treatment of spinal meningeal cysts
Frank Feigenbaum, M.D., FAANS, FACS

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

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.

We are committed to protect the privacy of your personal health information (PHI). If you have any questions about this notice, or complaints regarding our privacy practices, please contact the Privacy Officer Laura Abshire 214-351-8450, or 816-301-4561. You will not be retaliated against for filing a complaint.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights to privacy regarding your protected health information. For example, this information can and will be used to:

- Health Information Exchange: We may make your health information available electronically to other healthcare providers or other 3rd party agencies outside of our facility who are involved in your care. We may conduct, plan, and direct treatment among multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payors.
- Health oversight agencies: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- Legal Proceedings: To assist in any legal proceeding or in response to a court order, in certain conditions in response to a subpoena, or other lawful process.

We are required to comply with the terms of this notice currently in effect, although we reserve the right to change the terms of this notice. To the extent that these terms are revised, a copy of the revised notice will be provided to you. Effective date for this notice: September 9, 2021.

You may request, in writing, that you restrict how your private information is used or disclosed to carry out treatment, payment, or healthcare operations. You also understand that we are not required to agree to your requested restrictions, but if we do agree, then we are bound to abide by such restrictions.

Subject to certain regulatory limitations (i) you have the right to receive confidential communications from us; (ii) you have the right to inspect and copy your health information; (iii) you have the right to amend your health information that we maintain; and (iv) you have the right to receive an accounting of disclosures of your health information. You have the right to receive a paper copy of this notice upon request. We are obligated to maintain the privacy of your health information, and you have the right to notice of any breach of that information.

PATIENT NAME:	**DATE OF BIRTH:**
PATIENT (OR REPRESENTATIVE) SIGNATURE:	
RELATION TO PATIENT: ☐ Parent ☐ Guardian ☐ Other	**TODAY'S DATE:**

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgment of this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date: _____ Prepared By: _____ Signature: _____

Reason:
☐ An emergency existed, and a signature was not possible at the time.
☐ The individual refused to sign.
☐ A copy was mailed with a request for a signature by return mail.
☐ Unable to communicate with patient for following reasons: _____
☐ Other: _____