



FEIGENBAUM NEUROSURGERY

Frank Feigenbaum, M.D., FAANS, FACS

Specializing in the treatment of spinal meningeal cysts

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 REVIEW IT CAREFULLY.

Effective Date: September 10, 2013

Revised: September 30, 2022

We are committed to protect the privacy of your personal health information (PHI).

This Notice of Privacy Practices (Notice) describes how we may use within our practice or network and disclose (share outside of our practice or network) your PHI to carry out treatment, payment, or health care operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI.

We are required by law to maintain the privacy of your PHI, to provide you with this notice of our legal duties and privacy practices with respect to your PHI, and to notify you following any breach of your unsecured PHI. We are required to abide by the terms outlined in the Notice currently in effect.

We reserve the right to change our Notice, at any time. Any changes will apply to all PHI. Upon your request, we will provide you with any revised Notice by:

- Posting the new Notice in our office.
- If requested, making copies of the new Notice available in our office or by mail.
- Posting the revised Notice on our website: www.frankfeigenbaum.com.

You have the right to obtain a paper copy of this Notice from us, upon request. We will provide you a copy of this Notice the first day we treat you at our facility. In an emergency situation we will give you this Notice as soon as possible.

Uses and Disclosures of Protected Health Information

We may use or disclose your PHI to provide health care treatment for you. Your PHI may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you.

EXAMPLE: Your PHI may be provided to a physician to whom you have been referred for evaluation to ensure that the physician has the necessary information to diagnose or treat you.

We may use and disclose your PHI to obtain payment for services. We may provide your PHI to your insurers or others in order to bill or collect payment for services.

EXAMPLE: We may at times contact your health care plan to receive approval for certain procedures to ensure the services will be paid for.



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We may use or disclose, as needed, your PHI in order to support the business activities of this practice which are called health care operations.

EXAMPLES: We may perform quality improvement processes in order to provide safer, more effective care for you.

We may use and disclosure your PHI in other situations without your written authorization. These disclosures include communications (i) required by law (e.g., to report suspected abuse or neglect); (ii) for public health activities (e.g., to public health authorities permitted by law to collect or receive information); (iii) to health oversight agencies (e.g., for audits or investigations); (iv) in legal proceedings or in response to a court order; to police or for other law enforcement purposes; (v) to coroners or funeral directors; (vi) to researchers when their research has been approved by an institutional review board; or (vii) to comply with workers' compensation laws and other similar legally established programs.

Other uses and disclosures of your PHI may be made: (i) to our business associates, where they agree to the same protections we provide, (ii) to provide you with treatment alternatives, or (iii) to provide you with appointment reminders.

We may use or disclose your PHI in certain circumstances, provided that you are informed in advance, UNLESS you object. We may share your information with friends or family members, or other persons directly involved in your care if we think it is in your best interest to share the information, or to provide notice of your location, general condition, or death.

The following uses and disclosures of PHI require your written authorization: (i) communications to you for marketing purposes, separate from the communications described in this Notice for treatment or healthcare operations purposes; (ii) disclosures involving the sale of your PHI; or (iii) disclosure of any psychotherapy notes.

All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative.

Written authorization simply explains how you want your information used and disclosed. Your written authorization may be revoked at any time, in writing. Except to the extent that your doctor or this practice has used or released information based on the direction provided in the authorization, no further use or disclosure will occur.

Your Privacy Rights

You have certain rights related to your PHI. All requests to exercise your rights must be made in writing to the Privacy Officer, via mail at 4925 Greenville Ave, Energy Square 1, Suite 1307, Dallas, Texas 75243, or fax at 214-366-3713.

You have the right to see and obtain a copy of your PHI. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record



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set for as long as we maintain that PHI. If requested, we will provide you a copy of your records in an electronic format. There are some exceptions to records which may be copied and the request may be denied. We may charge you a reasonable cost-based fee for a copy of the records.

You have the right to request a restriction on certain uses and disclosures of your PHI. You may request for this practice not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. We are not required to agree with these requests. If we agree to a restriction request, we will honor that request unless the information is needed to provide emergency treatment. **Please note, however, that** we must accept a request to restrict disclosure of information to a health plan if you pay out of pocket in full for a service or product, unless disclosure is otherwise required by law.

You have the right to request for us to communicate in different ways or in different locations. We will agree to reasonable requests. We may also request alternative address or other method of contact such as mailing information to a post office box. We will not ask for an explanation from you about the request.

You may have the right to request an amendment of your PHI if you feel that the information is not correct. You must submit such request in writing with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have an opportunity to disagree.

You have the right to a list of people or organizations who have received your PHI from us. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations, or certain other exceptions. You may request them for the previous six years or a shorter timeframe. If you request more than one list within a 12-month period, you may be charged a reasonable fee.

Complaints

If you think we have violated your rights, or you have a complaint about our privacy practices you can contact our Privacy Officer. **If you have any questions about this Notice, please contact the Privacy Officer at 214-242-1390.**

You may also complain to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

If you file a complaint, we will not retaliate against you for filing a complaint.