



MIAMI
NEUROSCIENCE
CENTER

at Larkin

*Gamma Knife
Cervical Spine Surgery
Skull Base Surgery
Neuroradiology
Neurointerventional Surgery*

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PATIENT ACKNOWLEDGMENT OF THE NOTICE OF PRIVACY PRACTICES AND CONSENT TO USE AND DISCLOSE HEALTH INFORMATION

I acknowledge that I was provided with a copy of the Miami Neuroscience Center at Larkin's Notice of Privacy Practices describing how the Miami Neuroscience Center at Larkin may use and disclose my health information under the federal law. Provided that the Miami Neuroscience Center at Larkin continues its good faith effort to comply with the requirements of the federal privacy law, I hereby consent to the use and disclosure of my health information for the purposes and activities permitted under the federal privacy law, which are described in the Miami Neuroscience Center at Larkin Notice of Privacy Practices.

Patient Name - please print

Date

Signature of patient or personal representative

If personal representative, personal
representative's authority to act

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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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you that may identify you. We are required by law to: maintain the privacy of your protected health information, provide you with this detailed Notice of our duties and privacy practices relating to your personal health information; and abide by the terms of the Notice that are currently in effect. We reserve the right to make changes to this Notice and to make such changes effective for all protected health information we may already have about you. If and when this Notice is changed, we will post a copy in a prominent location. Upon your request, we will provide you with any revised Notice by requesting that a revised copy be sent to you by mail or asking for one at the time of your next visit.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI) FOR TREATMENT, PAYMENT AND OPERATIONS

The following categories describe the different ways we may use and disclose PHI for treatment, payment, or operations. The examples included with each category do not list every type of use or disclosure that may fall within that category. Your protected health information may be used and disclosed by your physician, our hospital staff and others outside of our hospital that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the hospital.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. This includes protected health information for billing, claims management and collection activities. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose your protected health information in performing business activities which are called health care operations. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing activities, and conducting or arranging for other business activities. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when we are ready to attend to you. We may use or disclose your protected health information, as necessary, to contact you to remind you of an appointment. We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the hospital. Whenever an arrangement between our hospital and a business associate involves the use or disclosure of your protected health information, we will have a written contract or agreement that contains terms that will protect the privacy of your protected health information. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our hospital and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that our hospital has taken an action in reliance on the use or disclosure indicated in the authorization.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Facility Directories: Unless you object, we will include certain information about you in our facility directory which included your name, room number, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy will be told your religious affiliation.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or another person that is responsible for your care or your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens; the hospital shall attempt to obtain your authorization, if necessary, as soon as reasonably practical after the delivery of treatment.

Communication Barriers: We may use or disclose your protected health information if we are unable to communicate with you due to language barriers and need the services of an outside individual in the assistance of translation.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required by Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law.

Public Health: We may disclose your protected health information for public health activities to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: 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.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as result of criminal conduct, (5) in the event that a crime occurs on the premises of the facility, and (6) medical emergency (not on the hospital's premises) and it is likely that a crime has occurred.

Medical Examiner, Funeral Directors and Organ Donation: We may also disclose protected health information to a medical examiner for identification purposes, determining cause of death or for the medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information, or if you authorize the use and disclosure for research.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) as required by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of your eligibility for benefits; or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs that provide benefits for work-related injuries and illness.

Inmates: We may use and disclose your protected health information if you are an inmate of a correctional facility and the hospital created or received your protected health information in the course of providing care to you.

Other Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the HIPAA Privacy Rule requirements.

II. YOUR RIGHTS

The following is your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that our physician and the hospital uses for making decisions about you. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our HIM Department if you have questions about access to your medical records. If you request a copy of your PHI, there will be a reasonable fee for the copying, postage, labor and supplies used in meeting your request.

You have the right to request a restriction on our use or disclosure of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment of healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes that otherwise are permitted by the Privacy Rule. Your request must state the specific restriction requested and to whom you want the restriction to apply. You may not restrict disclosures that are required by law. We are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If we agree to your request, we are required to comply with our agreement except in certain cases, including when the information is needed to treat you in the case of an emergency. You may request a restriction by requesting to complete the restriction form available from the Privacy Officer.

You have the right to request to receive confidential communications from us by alternative means or at alternative location. We will accommodate reasonable requests for alternative communication. You must specify how you would like to be contacted. For example, to a post office box address instead of your home address; or to be contacted at home, rather than at work. You can make this request during the registration process, or in writing the Privacy Officer.

You may have the right to request to amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a written statement of disagreement with us. We may prepare a disagreement to your statement and will provide you with a copy of any such rebuttal. To make this request or for further information on your rights to amend, contact the Director of Health Information Management. Your request for an amendment must be made in writing and you must give us a reason for your request to amend the record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This is a list of disclosures made by us during a specified period of up to six years other than disclosures made: for treatment, payment, and health care operations; for use in or related to a facility directory; to family members or friends involved in your care; to you directly, pursuant to an authorization of you or your personal representative, or for certain notification purposes (including national security intelligence, correctional, and law enforcement purpose) and disclosures made before April 14, 2003. If you wish to make a request, please contact the Health Information Management Department. The first list that you request in a 12-month period will be free of charge, but additional lists in the same 12-month period will be charged to you at a reasonable charge. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us. upon request, even if you have agreed to accept this notice electronically.

III. COMPLAINTS

You may complain to us or to the Secretary of Health and Human services if you believe your privacy rights have been violated by us. To file a complaint with us, please contact Carlota Soloranzo, Director of Patient Relations at (305) 484-7500, Extension 7530. We will not retaliate against you for filing a complaint.

If you have any question about this notice or our privacy practices, you may contact our Privacy Officer, Kenia Mendoza at (305) 284-7645.

This notice was published and becomes effective on April 14, 2003.

REFERRAL NOTICE

IT IS THE PATIENT'S RESPONSIBILITY TO KNOW IF YOUR INSURANCE PLAN REQUIRES A REFERRAL.

IF YOU DO NOT BRING YOUR REFERRAL, YOUR APPOINTMENT WILL BE RESCHEDULED.

THANK YOU

AVISO SOBRE REFERIDOS

ES LA RESPONSABILIDAD DEL PACIENTE SABER SI SU PLAN DE SEGURO MEDICO REQUIERE REFERIDO Y TRAERLO A SU CITA.

SI NO TIENE EL REFERIDO, SU CITA SERA CANCELADA.

GRACIAS