



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 (“Notice”) describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

References in this Notice to “we” and “us” include Surgical Neuromonitoring Associates, Inc. and its retained physician groups who provide monitoring services.

We are required by federal law to maintain the privacy and security of protected health information, to provide individuals notice of our legal duties and privacy practices with respect to protected health information, and to notify you if you are affected by a breach of unsecured protected health information. This Notice describes your rights under federal law (and under state law, where applicable), related to your protected health information.

We are required by federal law to abide by the terms of the Notice currently in effect. However, we reserve the right change the terms of the privacy practices described in this Notice and to make new provisions effective for all protected health information that we maintain, including protected health information that was obtained or created prior to the effective date of the current Notice. Should we make a material change to the privacy practices described in this Notice, we will update this Notice and post the new version to our website. If at any time you would like a paper copy of our Notice, please contact our privacy officer (contact information provided below) for assistance. A copy will be provided promptly.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by us for the purpose of providing health care services to you, obtaining payment and conducting health care operations. Your protected health information may be used and disclosed only for these purposes unless you have provided an authorization to either us or the facility where you have your surgery, or the use or disclosure is otherwise permitted under applicable law (including the health information privacy law commonly known as HIPAA”).

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 another provider. For example, we would disclose protected health information to other physicians who may be treating you.

Payment: Your protected health information will be used and disclosed, as needed, to obtain payment for the services we provide. For example, we may disclose protected health information to your health insurance plan to obtain prior approval of payment for the services your surgeon has requested us to provide, and to determine eligibility or coverage for insurance benefits.



Health Care Operations: We may use or disclose, as needed, your protected health information as part of our health care operations. For example, we may use or disclose your protected health information to conduct quality assessment and performance improvement activities, employee review activities, training programs, licensing or credentialing activities, compliance reviews, hospital peer reviews, legal services, maintaining compliance programs and general management and administrative activities. In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

Service Providers: We may share your protected health information with third party “business associates” that perform various activities on our behalf. For example, we may share your protected health information with businesses that provide us with billing or management services. If an arrangement with a business associate involves the use or disclosure of your protected health information, we will have a business associate agreement in place that requires the recipient to maintain the privacy and security of your protected health information.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

We may use or disclose your protected health information in some situations allowed by HIPAA, without your authorization or providing you the opportunity to agree or object. Primarily, we may do this when required by law. Other examples of situations in which we may use and disclose your protected health information without your authorization or providing you an opportunity to agree include:

- For public health and safety activities (such as activities relating to preventing disease or to prevent or reduce a serious threat to anyone’s health or safety).
- For research, when the 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.
- In connection with the activities of a health oversight agency, such as audits, investigations and inspections.
- If we believe we are required to report that you have been a victim of abuse, neglect or domestic violence.
- For reporting on the quality, safety, or effectiveness of FDA-regulated products or activities (including reporting adverse reactions to medications or helping with product recalls).
- For law enforcement purposes or to address workers’ compensation claims, or in response to other government requests.
- In response to a subpoena.
- To comply with federal, state or local laws.
- To the Department of Health and Human Services if they request it.

In addition, if you are involved in a lawsuit, dispute or a claim, we may disclose protected health information in response to a court or administrative order, subpoena, discovery request, claim investigation or other lawful process.

In many of these situations, we have to meet certain conditions set forth under applicable law before we can use or share your protected health information.



There are some uses and disclosures of protected health information that HIPAA allows us to make, but that generally do not come up given the nature of the services we provide. For example, we are allowed to use and disclose your protected health information in response to organ and tissue donation requests, to work with a medical examiner or funeral director, and for fundraising purposes, but we have never used or disclosed protected health information for these purposes and do not anticipate doing so in the future.

Uses and Disclosures Requiring No Authorization - You Have the Opportunity to Object

We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your surgery or payment related to your surgery. You may object to these disclosures. If you are in an emergency, are not present, or are incapacitated, we may use our professional judgment to decide whether disclosing your protected health information to a family member or close personal friend involved in your care is in your best interests. If we do disclose your protected health information in such a situation, we would only disclose information that is directly relevant to such person's involvement with your treatment or payment for treatment.

Uses and Disclosures That You Authorize

Other than as stated above, we will not disclose your health information except with your written authorization. We will expressly obtain your authorization prior to any uses or disclosures of protected health information for marketing purposes or that constitute the sale of protected health information. If we maintain psychotherapy notes, most uses and disclosures of these will also not be made without your prior authorization. You may revoke your authorization in writing at any time, except with respect to information already disclosed in reliance upon the authorization.

2. YOUR RIGHTS

You have a right to:

Inspect and copy your protected health information maintained in a designated record set. This means you may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information. You may obtain your medical record that contains medical and billing records. If you want an electronic copy, we will provide it, if the records are maintained in electronic form and are readily producible. As permitted by federal or state law, we may charge you a reasonable, cost-based fee for providing these copies.

Request a restriction 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 or health care 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 as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request, except in the case of a request to restrict disclosure to a health plan where the protected health information relates solely to a health care item or service for which you, or someone other than the health plan acting on your behalf, paid in full. If we agree to the requested restriction, or the restriction relates to items or services for which you (or someone acting for



you) paid out-of-pocket in full, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Please discuss any restriction you wish to request with your physician. You may request a restriction by contacting our Privacy Officer.

Request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

Ask your physician to correct your protected health information maintained in a designated record set. This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment, but we will tell you why in writing within 60 days. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

Receive a list of disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. It excludes disclosures we may have made to you if you authorized us to make the disclosure, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, or as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

Be notified of a breach of unsecured protected health information, if you are affected. Should a breach occur, you will be notified as required by, and in a manner consistent with, applicable law. If you have any questions about the rights listed above, or you would like to exercise any of your rights, please contact our Privacy Officer.

3. COMPLAINTS

You may complain to us or to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint at the contact information provided below. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

4. PRIVACY OFFICER

Our contact person for all issues regarding patient privacy and your rights under the HIPAA regulations is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting



the Privacy Officer. If you feel that your privacy rights have been infringed by us, you may submit a complaint to our Privacy Officer by sending it to:

ATTN: Privacy Officer

c/o Surgical Neuromonitoring Associates, Inc.

6425 Living Place, 2nd Floor

Pittsburgh, PA 15206

Telephone (412) 406-7692

The effective date of this Notice is December 7, 2018.