



SUMMARY NOTICE OF PRIVACY PRACTICES

Jagannathan Neurosurgical Institute, PLLC is required by federal law to provide a Notice of Privacy Practices that describes how health information that we maintain about you may be used or disclosed. The Notice describes each use and disclosure that we are permitted to make, and provides a description of your rights and our obligations under federal and state privacy laws. This is a summary of that Notice. The full Notice will be provided to you no later than the first time we provide services to you unless we provide services to you in an emergency.

USES AND DISCLOSURES

We are permitted to use and disclose your health information under a variety of circumstances. Sometimes we must obtain your authorization before we use or disclose that information, but in other circumstances we may use your information without your authorization and without informing you of the use or disclosure. Some of the reasons that we may use or disclose your information include:

- to provide information about your health condition to others who may treat you;
- to provide information about the treatment that we provided in order to obtain payment from your health plan,
- to report a communicable disease, domestic violence or criminal activity; or
- to comply with a court order requiring the disclosure of your medical record.

These are just a few examples. For a full description of the uses and disclosures that we are to take, consult the Notice of Privacy Practices.

YOUR RIGHTS

While the records that we maintain about you belong to us, under the federal privacy law you have a variety of rights with respect to the information maintained in those records. For instance, you have the right to access and copy the health information that we maintain about you and to request that we amend any of the information that you believe is incomplete or incorrect. Also, you may request that we provide you with



a list of each disclosure that we have made of your health information All of these rights are subject to some exceptions that are described fully in the Notice.

OUR OBLIGATIONS

We are required to provide you with our Notice of Privacy Practices and to abide by its terms.

We may amend the Notice from time to time. All amendments apply retroactively.

Our full Notice of Privacy Practices is attached or enclosed. Please read it carefully If you have any questions or require additional information, please contact:

Jagannathan Neurosurgical Institute PLLC
30755 Stephenson Highway
Madison Heights, MI 48071



ACKNOWLEDGEMENT OF PATIENT PRIVACY

By signing this form, you acknowledge receipt or review of the Notice of Privacy Practices of Jagannathan Neurosurgical Institute, PLLC. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read the entire document which is available in printed form and on our website.

Our Notice of Privacy is subject to change and we have reserved the right to change it. If we change our notice, you may obtain a copy of the revised document by contacting our office or review the update on our website.

If you have any questions about our Notice of Privacy Practices, please contact us directly at:

Jagannathan Neurosurgical Institute PLLC
705 Barclay Circle Suite 115
Rochester Hills MI 48037

I acknowledge receipt or review of the Notice of Privacy Practices of Jagannathan Neurosurgical Institute PLLC

Date of Signature: _____
Printed Name (patient) _____
Signature: _____

OR

I acknowledge receipt or review of the Notice of Privacy Practices of Jagannathan Neurosurgical Institute PLLC on behalf of (patient) _____

Signature: _____
Printed Name: _____



Relationship to patient: _____

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of provider representative: _____

Date: _____