



Neurosurgery One
A Centura Health Clinic

Corporate Office
7780 S. Broadway, Suite 350
Littleton, CO 80122
720.638.7500
neurosurgeryone.com

Your Rights

Can you see a copy of your medical information?

In most cases, you have the right to review and obtain a copy of the medical information we use to make decisions about your care by submitting a written request. If you request a paper or electronic copy, we may charge a fee for the cost of copying or electronically scanning, and for mailing or other related supplies. If we deny your request to review or obtain a copy you may submit a written request for a review of that decision.

What if your medical records are inaccurate?

If you believe that information in your record is incorrect or if important information is missing, you have the right to request correction of the records by submitting a request in writing along with your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information we maintained; if it is not part of the information you would be permitted to review or copy; or if we determine that the record is accurate. You may appeal, in writing, a decision by us not to amend a record.

Can you know with whom we've shared your records?

You have the right to a list of those instances where we have disclosed your medical information, other than for treatment, payment, health care operations or where you specifically authorized a disclosure, by submitting a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period and start after April 14, 2003. You may receive the list in paper or electronic form.

The first disclosure list request in a 12-month period is free; other requests will be charged according to our production cost. We will inform you of the cost before you incur any expenses.

Can you specify the way in which we communicate your medical records to you?

You have the right to request that your medical information be communicated to you in a confidential manner, such as sending mail to an address other than your home. Your request must specify how or where you wish to be contacted. We will attempt to honor all reasonable requests.

Can you request your medical information only be released with your permission?

You may request in writing that we not use or disclose your medical information for treatment, payment and health care operations, or to persons involved in your care except when specifically authorized by you, or when required by law or in an emergency. All written requests must tell us (1) what information you want to limit; (2) whether you want to limit our use or disclosure; and (3) to whom you want the limits to apply. Unless your request is to restrict disclosing your medical information to your health plan for health care services for which you pay out of pocket in full, we will consider your request but are not legally required to agree to it. We will inform you of our decision on your request.

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Your Rights continued

If you've received this notice electronically, can you receive a paper copy?

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may view or print a copy of the notice at our website, neurosurgeryone.com/patient-rights.

Where can you express a concern?

If you are concerned that your privacy rights may have been violated or disagree with a decision we made about access to your records, you may contact Neurosurgery One at 720.638.7500. You also may send a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights. Under no circumstance will you be penalized or retaliated against for filing a complaint.

Will the policies in this notice change?

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. When we make a significant change to our policies, we will change this notice and post the current notice in our facility and on our website. The notice will contain the effective date. In addition, you will be offered a copy of the current notice each time you register at one of our facilities for treatment.

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.

