



THE CENTER FOR NEUROLOGY AND NEUROPHYSIOLOGY, P.A.

Notice of Privacy Practice

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE REVIEW IT CAREFULLY.

Medical information:

The Center for Neurology and Neurophysiology, P.A., understands that your medical information is personal and we are committed to protecting your information. A record is created for you at your first visit; this record describes the services you receive during your visits. You have the right to limit the disclosure of your information, although in some instances the information must be disclosed to insure proper treatment and payment.

Disclosures of medical information:

The following are descriptions of different ways we may disclose your information. Not every disclosure is listed; however we are permitted to use information that falls in one of these categories.

Treatment. We may disclose medical information about you to provide medical treatment and services. This information may be disclosed to other physicians, nurses, technicians, or other personnel involved in your treatment. This information will also be used for referrals to other physicians and services.

Payment. We may disclose medical information about you to an insurance company so we may bill and collect on the services.

Health Care Operations. We may disclose information to ensure that we are providing quality care. For example; we may use your medical information to evaluate performance of the staff. We may also use your medical information to determine if additional services need to be offered.

Treatment Alternatives. We may disclose medical information about you to recommend possible treatment options or alternatives that may interest you.

Individuals Involved in Your Care. We may release medical information about you to a friend or family member who is involved in your care.

As Required By Law. We will disclose medical information about you when required to do so by federal, state, or local law.

To Avert Serious Threat to Safety or Health. We may disclose medical information about you when necessary to prevent serious threat to your health and safety or the health and safety of the public or another person.

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle tissue transplantation, or as necessary to facilitate organ or tissue transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs.



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Public Health Risks. We may disclose medical information about you for public health use. This is generally for these following reasons:

- To prevent or control disease, injury or disability
- To report births or deaths
- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify people of product recalls
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate authorities, if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required by law.

Healthcare Audits. We may disclose this information to an audit agency for activities authorized by law. These audits include investigations, inspections, and licensure. This is necessary for the government to monitor the health care system.

Lawsuits. If you are involved in a lawsuit we may disclose medical information about you in response to a court or administrative order. We may also disclose information about you to a subpoena, discovery request, or other lawful process by someone else involved, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcements. We may release medical information if asked to do so by a law enforcement official. This may be due to the following:

- Response to a court order
- Identify or locate a suspect, fugitive, material witness, or missing persons
- About a victim of crime
- About a death we believe may be the result of criminal conduct
- Emergency circumstances to report a crime

Coroners, Medical Examiners, and Funeral Directors. We may release medical information to a coroner or medical examiner. It may be necessary to identify a deceased person, or determine cause of death.

National Security. We may release medical information about you to authorized federal officials for national security activities authorized by law.

Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state.

Inmates. If you are an inmate of a correctional facility or under the custody of law enforcement officials, we may release medical information about you to the correctional facility or official. This release is necessary for the correctional facility to provide you with the proper health care, to protect your health and safety or the health and safety of others, for the safety and security of the correctional facility.



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Your Rights Regarding Your Medical Information.

You have the following rights with your medical information:

The Right to Inspect and Copy. You have a right to inspect your medical information. This can be done by calling the office and requesting to see your records. An appointment will be set for you to come in and review them. You may also have copies of your records.

The Right to Amend. If you feel that your medical information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as we are in possession of your records. You must make your request in writing and it will be subjected to review.

Disclosure Accounting. You have the right to request an accountability of Disclosure Log. This is a list of disclosures that have been made on your medical history.

Restriction Right. You have the right to restrict the disclosure of your medical information. You also have the right to limit the medical information we disclose about you to someone involved in your care such as family. **We are not required to agree to your request.** If we do agree with your request, we will comply unless the information is needed for emergency treatment. To request restrictions, you must make the request in writing and specifying what information you want limited and to whom you want the limits to apply to.

Right to Request Confidential Communication. You have the right to request that we communicate your medical information to you in a certain way or at a certain location.

To request confidential communications, you must make the request in writing and specify how and where to communicate to you. We will try to accommodate all reasonable requests.

Right to Have a Copy of the Privacy Notice. You have the right to have a copy of this notice. You may ask us for this copy at any time.

Changes to This Notice. We reserve the right to change this notice with or without prior notice. We will post a copy of the current notice in the waiting room. The effective date will always be on the first page top right side.

Complaints. If you believe that your privacy has been violated then you may file a complaint with the privacy officer or with the Secretary of the Department of Health and Human Services. To file a complaint with the privacy officer, please have the complaint in writing and submit it to the office manager to be reviewed.

Other Disclosures. Other disclosures of medical information not covered by this notice or the laws will be made only with your written permission. If you provide us with permission to use or disclose medical information about you, you may revoke it at any time. This must be by your written authorization. You understand that we are unable to reverse any disclosures that were already made with your permission, and we are required to retain our records.