



**Neurology, PA**

## **Notice of Health Information Privacy Practices**

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

At **Neurology, PA**, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Privacy Practices describes the protected health information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective **April 1, 2003**. 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 condition and related health care services.

### **Understanding Your Health Record/Information**

Each time you visit **Neurology, PA**, a record of your visit is made and maintained in a medical record. Typically, this record contains the physician office notes, test results and plan of treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve,
- A source of data for our planning and marketing,

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

### **Your Health Information Rights**

Although your health record is the physical property of **Neurology, PA**, the information belongs to you. You have the right to:

- **Obtain a paper copy of this notice of information practices upon request.**
- **Inspect and request a copy of your health record.** This includes medical and billing records but does not include psychotherapy notes, information compiled in reasonable anticipation or use in a civil, criminal, or administrative action, or information that is subject to law that prohibits access to such information. We may deny your request to access and copy in some circumstances. If you are denied access to your health information, you may, depending on the circumstances, have the right to request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. This health care professional will not be the person who denied your request. We will comply with the outcome of the review. To inspect and request a copy of your health information please contact Office Manager at 941-764-0800 and an appointment will be given to you. We may charge you a fee for the costs of copying, mailing, or other supplies associated with your request.
- **Request that an amendment or correction is made to your health record.** You have the right to request an amendment for as long as the information is kept by, or for, us. Your request to amend must be made in writing, and submitted to the Office Manager 4161 Tamiami Tr. Ste. 201 Port Charlotte, Florida 33952. You will be required to provide a reason that supports your request. We may deny your written request if you ask us to amend information that: was not created by us, unless the person or entity that created the information is no

**Page two**

**Notice of Health Information Practices**

longer available to make the amendment; is not part of the health information kept by or for our practice; is not part of the information you would be permitted to inspect and copy; or is accurate and complete.

- **Obtain an accounting of disclosures of your health information.** The accounting will not include information disclosed: to other health care providers caring for you; as necessary for our business activities and health care operations; for payment purposes; for national security or intelligence purposes; to correctional institutions or law enforcement officials; or incident to a permitted use and disclosure. To request an accounting you must submit your request in writing to Office Manager 4161 Tamiami Tr. Suite 201, Port Charlotte, Florida 33952. Your request must state a time period which may not be longer than 6 (six) years.
- **Request communications of your health information by alternative means or at alternative locations.** For example you may request that we only contact you at work or by U.S. Mail. You must make your request for communications by alternative means or locations by writing Medical Records 4161 Tamiami Tr. Suite 201, Port Charlotte, Florida 33952. Your request must specify how or where you wish to be contacted. We will not ask the reason for your request, and we will accommodate all reasonable requests.
- **Request a restriction on certain uses and disclosures of your information.** We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. You must make your request for a restriction in writing to Medical Records 4161 Tamiami Tr. Suite 102, Port Charlotte, Florida 33952. Your request must specify: (i) the information you want to restrict; (ii) whether you want to restrict our use, disclosure, or both; and (iii) to whom you want the restriction to apply.
- **Revoke your written authorization to use or disclose health information.** If at any time you revoke your authorization, in writing, we will no longer use or disclose your health information for the purposes covered by your authorization. We are unable to take back any use or disclosure that has already been made with your permission and we are required by law to retain our records of the care that we provided to you.

**Our Responsibilities**

**Neurology, PA, is required to:**

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a copy of our current notice in our facility, and we will offer you a copy of the current notice on each of your patient visits.

We will not use or disclose your health information without your authorization, except as described in this notice.

**For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the practice's Office Manger at 941-764-0800.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR:

*Office for Civil Rights*

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F, HHH Building

Washington, D.C. 20201

### Examples of Disclosures for Treatment, Payment and Health Operations

***We will use your health information for treatment.***

**For example:** Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. We will also provide any specialist you might be referred to with copies of various reports that should assist him or her in treating you.

***We will use your health information for payment.***

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may also give your protected health information about a treatment you are going to receive in order to determine whether your insurance plan will cover the treatment.

***We will use your health information for healthcare operations.***

**For example:** We will use or disclose your protected health information as needed for our business activities and health care operations as necessary for us to run our business and ensure that our patient receive quality care. This may include, quality assessment activities, employee review activities, business planning, licensing, and other business management and general administrative activities.

### Examples of Other Uses and Disclosures:

***Business associates:*** There are some services provided in our organization through contracts with business associates who perform various services for us. Examples include physician services in the emergency department and radiology, certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

***Notification:*** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. You have the right to object to this use and disclosure. If you are unable to agree or object, we may disclose such information as we deem is in your best interest based on our professional judgment.

***Communication with family:*** We may disclose your information to a family member, other relative, close personal friend or any other person you identify. We will disclose only health information relevant to that person's involvement in your care or payment related to your care.

***Funeral directors, coroners, and medical examiners:*** We may disclose health information to funeral directors consistent with applicable law to carry out their duties. We may also disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death.

***Organ procurement organizations:*** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

***Appointment Reminders, Treatment Alternatives, and Health-Related Benefits:*** We may use and disclose your health information to provide you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. If you do not want us to contact you about treatment alternatives, or other health-related benefits and services, you must notify our Privacy Officer in writing.

***Workers compensation:*** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs providing benefits for work-related injuries or illness.

**Public health:** As required by law, we may disclose your health information to public health or legal authorities for public health activities including:

- to prevent or control disease, injury, or disability;
- to report child abuse or neglect;
- to report births and death;
- to report reactions to medications or problems with healthcare products;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease; and when required by law, to notify the government if we believe a patient has been the victim of abuse, neglect, or domestic violence;
- to disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects;

**Health Oversight Activities:** We may disclose your health information to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. Oversight agencies include government agencies that oversee the health care system, government benefit programs, and civil rights laws.

**Correctional institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or law enforcement official holding you in custody, health information for you to received health care from us, and for your health and safety and the health and safety of other individuals and the correctional institution.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law including: to identify or locate a suspect, fugitive, material witness, or missing person; about a victim if under limited circumstances we cannot obtain the person's agreement; where there is a suspicion that death has occurred as a result of criminal conduct; in the event that a crime occurs on our premises; and in a medical emergency when it is likely that a crime has occurred, to report the crime, location of the crime or victims, or the identity, description, or location of the person who committed the crime.

**Legal Proceedings:** We may disclose your health information in the course of any judicial or administrative proceeding, to the extent authorized in writing by a court or administrative order. We may also disclose your medical information in response to a subpoena, discovery request, or other lawful process.

**Disaster Relief Efforts:** We may use or disclose your health information to a public or private legally authorized disaster relief organization to coordinate notification of a family member, a personal representative, or another person response for your care about your location, condition, or death.

**Military and National Security:** We may disclose your health information to authorized federal officials for conducting national security and intelligence activities, including the provision of protective services to the President. We may also be required to disclose the health information of members of the Armed Forces for activities deemed necessary by military command authorities, or to foreign military authorities if you are a member of that foreign military service.

**Research:** Your protected health information may be used or disclosed for research purposes to the extent such use or disclosure has been approved by an Institutional Review Board or Privacy Board that has reviewed the applicable research proposal and protocols to address the privacy of your protected health information, or in limited circumstances where the use or disclosure is merely preparatory to conducting a research project. In other cases, your protected health information will not be used or disclosed for research purposes without your prior written authorization (as described below). In any event, you will be given specific information about research projects for which you are a candidate or in which you are asked to participate.

#### **Acknowledgement**

We will ask you to sign and date a form indicating your receipt of this Notice of Health Information Privacy Practices.