

# NOTICE OF PRIVACY POLICIES FOR THE NEUROLOGICAL INSTITUTE PA Revision # 2

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.

## Introduction

At , The Neurological Institute PA, we are committed to treating and using protected health information (PHI) about you responsibly. This Notice describes the personal information we collect, and how and when we use or disclose that information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

## Understanding your Health Record/Information

Each time you visit The Neurological Institute PA, a record of your visit is made. Typically this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or 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 (for example, your insurance company or companies) can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we receive.

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

## Your Health Information Rights

Although your health record is the physical property of The Neurological Institute 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 copy your health record as provided for in 45 CFR 164.524,
- Amend your health record as provided in 45 CFR 164.526,
- Authorize another person to receive your PHI,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

## Our Responsibilities

The Neurological Institute 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 mail a revised notice to the address you've supplied us.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures in the authorization.

## For More Information or to Report a Problem

If you have any questions and would like additional information, you may contact the practice's Compliance Officer, Linda G Reep, at (704) 372-3714 Ext 151.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Compliance 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 Compliance Officer or the Office for Civil Rights. The address for the OCR is:

Office for Civil Rights  
US Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington DC 20201

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

*We may use your health information for treatment or to assist your other health care providers in connection with your treatment.*

For example: Information obtained by a nurse, physician, or other member of your health care team (including the referring doctor and his/her staff) will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in your treatment. We may use or disclose health information when contacting pharmacies to order medication prescriptions and/or prescription refills.

*We may use your health information for payment.*

For example: A bill may be sent to you or a third party payer (i.e. your insurance company or companies). The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may use or disclose health information if we need to contact you directly (if necessary) to collect an outstanding debt that is the responsibility of the patient.

*We may use your health information for regular health operations or to support our business functions.*

For example: We may use PHI in your health record to assess and/or improve the quality of care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

*Business associates:* There are some services provided in our organization through contracts with business associates. Examples include any outside laboratories used for tests ordered by our physicians, our computer support company (Agastha), any Home Health Care agencies as needed as a

supplier of Durable Medical Equipment for your treatment, our transcription services, our Collection Agencies used for overdue accounts, and the company that we use for disposal of private records. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and bill you or your third party payer, if applicable, for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*Signing in:* Unless you notify us that you object, we will use your name at a front desk sign in sheet to document your presence in the office. Your name will be used to call the patient back to an exam room, or to the front desk for further information and/or direction.

*Notification to family members or others involved in your care:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. We may use or disclose information when providing appointment reminders via phone and/or mail (e.g., when contacting you at the number(s) you have provided to us and leaving a message as a reminder.)

*Research:* We may disclose information to researchers when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your health information.

*Marketing:* We may use your PHI to contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Workers compensation:* We may disclose your PHI to comply with workers' compensation laws and other similar laws that provide benefits for work-related injuries or illnesses.

*Public Health and Safety, Health Oversight Activities:* As required by law, we may disclose your health information

to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may also disclose your PHI to a health oversight agency for activities authorized by law such as audits, investigations, inspections, licensure, or disciplinary actions.

*As required by Law and Law Enforcement:* We may disclose your PHI when we are required to do so by state or federal law. We may disclose health information for law enforcement purposes or as required in response to a valid subpoena. We may disclose your PHI to a government agency that is authorized by law to receive reports of abuse, neglect, or domestic violence.

#### OUR POLICIES FOR PROTECTING YOUR PROTECTED HEALTH INFORMATION:

We protect the PHI that we maintain about you by using physical, electronic, and administrative safeguards that meet or exceed applicable law. When our business activities require us to provide PHI to third parties, they must agree to follow appropriate standards of security and confidentiality regarding the PHI provided. Access to your PHI is restricted to appropriate business purposes.

We have developed privacy policies to protect your PHI. All employees receive training on these policies and they must sign a privacy acknowledgment form, binding them to abide by our policies and procedures.

In addition to these safeguards, we have developed a number of other protections such as;

- Using confidentiality provisions in our contracts with third parties to restrict the use and disclosure of, and to protect the privacy of PHI,
- Restricting access to PHI by physical security measures in certain areas of our business operations, and
- Using only non-identifiable information for research purposes whenever possible.