

Neurology & Sleep Medicine, P.C.
NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION

*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.*

Understanding Your Medical Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically this record contains your personal information (name, address, phone, date of birth, SS#, medical insurance, etc.), symptoms, examination, test results, diagnoses, and present and future treatment plans.

This information in your medical record serves as:

- ❖ a basis for planning your medical care and treatment.
- ❖ a tool to communicate to other physicians and healthcare providers who are involved in your care, information regarding your health (i.e. forwarding copies of lab tests, diagnostic results to a specialist caring for you, to the lab in order to process your blood work, to the hospital in order to admit you for hospitalization, to the radiology service in order to perform a specific x-ray, MRI, CT scan, etc.).
- ❖ a legal document detailing the care you have received.
- ❖ proof to your medical insurance carrier(s) that services billed were indeed provided, thus enabling them to forward appropriate payment.
- ❖ a tool in educating health professionals(i.e. residents and interns who participant in your care while hospitalized).
- ❖ a source of data for public health officials for those diseases that are reportable.
- ❖ knowledge of what is in your medical record which can be used to help you to: ensure its accuracy, make informed decisions when you authorize release of you medical information to others by understanding who and why others may need to have access to you records.

Your Health Information Rights

Although your health record is the physical property of the health care practitioner, hospital or ancillary facility that initiate care or provide a medical service for you, it is your information. You have the right to:

- ❖ request restriction of certain information as well as restricting who can obtain this information as provided by 45 CFR 164.522.
- ❖ obtain a paper copy of this practice's notice of information upon request.
- ❖ inspect and request a copy of your medical record as stated in 45 CFR 164.52.
- ❖ amend your medical record within reason to assure accuracy as stated in 45 CFR 164.528.
- ❖ obtain a record of the requests of your medical record as stated in 45 CFR 164.528.
- ❖ revoke you authorization to use or disclose health information for any future use from the date of this authorization.

Our Responsibilities

This medical practice is required to:

- ❖ maintain the privacy of your individual health information.
- ❖ provide you with a notice (this document) as our legal duties and practices within our office to ensure privacy with regard to information we collect and maintain about you.
- ❖ follow the terms of this notice.
- ❖ notify you if we are unable to agree to requested restriction of your medical record by you.
- ❖ accommodate reasonable requests you may have to communicate health information to other healthcare facilities by alternative means.

We reserve the right to change our practices and to make the new provisions effective for all protected medical information we maintain. Should this be so, we will notify you.

We will not disclose or use medical information without your authorization except as outlined above.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact your lawyer or discuss with either a physician of this practice or our compliance officer.

If you believe your privacy rights have been violated, you can file a complaint with this office or with the Secretary of health and Human Services. There will be no retaliation for filing a complaint.

Examples of How We May Disclose Health Information for Treatment, Payment or Health Operations

We will use your personal information and/or your medical information when scheduling you for a test (referred to as a Business Associate who has agreed to safeguard your information), when admitting you to an area healthcare facility or hospital, when reporting to your PCP our medical information to assist him or her in your care and treatment, referring you to a specialist for care with whom you have agreed to see, submitting a claim or bill to your medical, disability, motor vehicle or workmen's compensation insurance, when utilizing a clearing house to file our electronic claims or produce patient statements for mailing, reporting public health issues, providing information for insurance and hospital Quality Assurance programs, and should you decide to participate in a medical research program as it is our practice pattern not to participate in research programs.

I have reviewed my Patient Information Sheet and have informed the staff of Neurology & Sleep Medicine, P.C., of any or no changes to my personal information. (i.e. address, phone #, insurance co., insurance #, etc.).

Patient Name _____

Signature

Date

Signature

Date

Signature

Date

Signature

Date