

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA), revised in 2013, is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, paper, or orally, are kept confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose it.

- We may use and disclose your medical records only for each of the following purposes:

Treatment: means providing, coordinating, or managing health care and related services by one or more healthcare providers. An example would include a physical examination, information sent to the pharmacy or diagnostic center or hospital.

Payment: means such activities such as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example would be sending a claim to your insurance company.

Healthcare Operations: include business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We are required to disclose information as required by law, such as public health regulations, health care oversight activities, certain lawsuits, and law enforcement.

- We may also create and distribute de-identified health information by removing all references to individually identifiable information.
- We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits that may be of interest to you.
- Any other uses and disclosures will be made only with your written authorization. You may revoke such an authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to grant your request for restriction to information that is submitted to a health plan for payment of health services for which you have paid out-of-pocket, and if the restriction is not otherwise forbidden by law.
- The right to access your records and/or to receive a copy of your records, with the exception of psychotherapy notes.
- Your request must be in writing, and we are required to provide a copy within 10 days of the request.
- The right to request a change/correcting to your protected health information. You must make this request in writing and understand that we are not required to grant this request.
- The right to accounting of disclosures. We are required to inform you of a breach that may have affected your protected health information.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective immediately and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of the notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

CONTACT PERSON: Chip Harris, Administrator, 8000 Centerview Parkway, Suite 500, Cordova, TN 38018 (901)747-1111

By signing here, I acknowledge that I have received a copy of Neurology Clinic's Notice of Privacy Practices.

Patient Signature X _____ **Date** _____