

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Neurological Associates, Inc. is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI, and to notify affected individuals following a breach of unsecured PHI. This Notice of Privacy Practices (Notice) summarizes our duties and your rights concerning your health information. Our duties and your rights are set forth more fully in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information for Economic and Clinical Health Act, and the HIPAA Privacy, Security, Breach Notification and Enforcement Rules at 45 Part 164 (referred to herein collectively as HIPAA Rules). By federal law, we must follow the terms of our Notice that is currently in effect.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this Notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice at any time. Any revision or amendment to this Notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our Notice currently in effect in our offices in a visible location at all times and on our website. You may request a copy of our most current Notice from our receptionist or Privacy Officer at any time.

B. WE MAY USE AND DISCLOSE YOUR PHI INFORMATION (PHI) WITHOUT WRITTEN AUTHORIZATION FOR THE FOLLOWING PURPOSES.

The following categories describe the different ways in which we may use and disclose your PHI.

1. Treatment. Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors, physician assistants, nurses and medical assistants – may use or disclose your PHI in order to treat you or to assist others in your treatment. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

2. Payment. Our practice may use and disclose your PHI to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to obtain preauthorization or payment for your treatment. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

3. Health Care Operations. Our practice may use and disclose your PHI for certain activities that are necessary to operate our practice and ensure that our patients are receiving quality care. Examples of the ways in which we may use and disclose your information for our operations: Our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities that are involved in your care to assist in their health care operations.

C. OTHER PERMITTED USES AND DISCLOSURES OF YOUR PHI

We may also use or disclose your PHI for certain other purposes allowed by the HIPAA Rules or other applicable laws and regulations, including the following:

1. Public Health Risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our office
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Deceased Patients. Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Organ and Tissue Donation. Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. Research. Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when an IRB or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to the individual's privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

8. Serious Threats to Health or Safety. Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Military. Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. National Security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

11. Inmates. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

12. Workers' Compensation. Our practice may release your PHI for workers' compensation and similar programs.

D. DISCLOSURES WE MAY MAKE UNLESS YOU OBJECT.

Unless you instruct us otherwise, we may disclose your information as described below.

- To a member of your family, relative, friend or other person who is involved in your healthcare or payment for your healthcare. We will limit the disclosure to the information relevant to that person's involvement in your healthcare or payment.
- To a public or private entity authorized by law or by charter to assist in disaster relief efforts.
- To contact you to remind you of an appointment with our practice. We may contact you, based on your preference, by phone, mail or e-mail.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you. To exercise any of these rights, you must submit a written request to the Privacy Officer identified below.

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. To request a type of confidential communication, you must make a written request to: Neurological Associates, Inc. Privacy Officer, 415 Morris Street Suite 400, Charleston, WV 25301, specifying the requested method of contact or the location where you wish to be contacted. To obtain additional information on making a request of confidential communication you may contact our Privacy Officer at 304-344-3551. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are *not* required to agree to your requested restriction except in the limited situation in which you or someone on your behalf pays out-of-pocket, in full, for an item or service, and you request that the information relating to such item or service not be disclosed to a health insurer.

If we agree to your restriction request, we are bound by the restriction except when otherwise required by law, in emergencies, or when the information is necessary to treat you. You may cancel a restriction at any time. In addition, we may cancel a restriction (other than a required restriction for out-of-pocket goods and services) at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to: Neurological Associates, Inc. Privacy Officer, 415 Morris Street Suite 400, Charleston, WV 25301. You may contact our Privacy Officer at 304-344-3551.

Your written request to restrict must describe in a clear and concise fashion:

- (a) the information you wish to be restricted;
- (b) type of restriction being requested (whether you are requesting to limit our practice's use, disclosure or both); and
- (c) to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, with the exception of certain types of records including, but not limited to, psychotherapy notes. In order to inspect and/or obtain a copy of your PHI, you must submit your request in writing to: Neurological Associates, Inc. Privacy Officer, 415 Morris Street Suite 400, Charleston, WV 25301. You may contact our Medical Records Department at 304-344-3551 for more information. Our practice will charge a reasonable, cost based fee associated with responding to your request (i.e. costs of copying, mailing, and supplies). Our practice may deny your request to inspect and/or copy your medical records in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews of any denials.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to: Neurological Associates, Inc. Privacy Officer, 415 Morris Street Suite 400, Charleston, WV 25301. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information. If we deny your request for an amendment, we will notify you of our reasons for the denial in writing within 60 days.

5. Accounting of Disclosures. All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI that are not for the purposes of treatment, payment, or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor shares your health information with other health care providers; or the billing department uses your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to: Neurological Associates, Inc. Privacy Officer, 415 Morris Street Suite 400, Charleston, WV 25301. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our Notice. You may ask us to give you a copy of this Notice at any time, even if you have agreed to receive the Notice electronically. To obtain a paper copy of this Notice, contact our Medical Records Department at 304-344-3551. This Notice is also available on our website: www.wvneuro.com.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact: Neurological Associates, Inc. Privacy Officer, 415 Morris Street Suite 400, Charleston, WV 25301. All complaints must be submitted in writing. You may also contact our Privacy Officer by calling our office at 304-344-3551. **You will not be penalized for filing a complaint.**

8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for other uses and disclosures that are not described in this Notice or permitted by applicable law, including (i) most uses and disclosures of psychotherapy notes (if recorded); (ii) uses and disclosures for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) uses or disclosures for most marketing purposes. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. The revocation will not be effective to the extent we have already taken action in reliance on the authorization. Please note, we are required to retain records of your care.

9. Right to an Electronic Copy of Electronic Medical Records. If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

10. Right to Designate Someone to Act For You. If you grant someone a medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will take necessary steps to confirm that this person has the authority to act in this capacity before we can provide them with any information or permit them to act on your behalf.

11. Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured PHI.

F. FOR MORE INFORMATION OR TO REPORT A COMPLAINT

If you have any questions regarding this Notice or our health information privacy policies, please contact our Privacy Officer at 304-344-3551 or write: Neurological Associates, Inc. Privacy Officer, 415 Morris Street Suite 400, Charleston, WV 25301.

You may complain to us and the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Officer by using the above contact information. All complaints must be in writing. We will not retaliate against you for filing a complaint.