

# NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices tells you how we may use and disclose your protected health information to treat you, bill for the care we provide, and operate our practice in a business-like manner. It also explains when we may use or disclose patient health information to comply with various laws. "Protected health information" ("PHI") is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. PHI also includes genetic information about you. We are required by law to maintain the privacy of PHI and to provide you with this Notice of Privacy Practices with respect to our use and disclosure of your PHI. In addition, we are required to notify you in the event the security of your unsecured PHI has been breached. We are required to abide by this Notice of Privacy Practices, as is currently in effect.

We may change the terms of this Notice of Privacy Practices at any time. The new notice will be effective for all PHI that we maintain at that time. Revised Notices of Privacy Practices will be available on our website at [www.novaneurology.com](http://www.novaneurology.com). Alternatively, we will make a paper copy of our Notice of Privacy Practices available to you upon request by calling our office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

## 1. Uses and Disclosures of Protected Health Information

Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice. NOVA Neurology Center will limit its own uses and disclosures of PHI to the minimum amount of information necessary to accomplish the purpose at hand.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR PHI MAY BE USED AND DISCLOSED WITHOUT YOUR SPECIFIC AUTHORIZATION:

### Uses and Disclosures of Protected Health Information for Treatment, Payment and Healthcare Operations

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. We may disclose and/or share protected health information (PHI) including electronic disclosure with other health care professionals who provide treatment and/or service to you and we will exchange PHI for e-prescribing purposes. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

**Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend and have provided for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we often are required to provide written medical documentation to support services provided to you.

**Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, incorporate PHI into electronic medical records; quality assessment activities; patient safety activities; activities designed to improve health or reduce health care costs; protocol development, case management and care coordination; employee review activities; training of medical students, other health care professionals and non-health care professionals; accreditation, licensing and credentialing; compliance reviews and auditing; legal services; business development and planning; and other business management and general administrative activities. We will share your PHI with third party "business associates" that perform various activities (e.g., billing, testing) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Appointment Reminders:** We may use your health records to remind you of recommended services, treatment or scheduled appointments.

### Other Permitted and Required Uses and Disclosures of Protected Health Information for Public Policy Purposes

We may use or disclose your PHI in the following situations:

**Required by Law:** We may use or disclose your PHI to the extent that such use or disclosure is required by law.

**Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.

**Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

**Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information.

**Food and Drug Administration:** We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose PHI about you in the course of any judicial or administrative proceeding, or in response to an order of a court or administrative tribunal to the extent such disclosure is expressly authorized. We may also disclose PHI about you in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may disclose PHI for law enforcement purposes, such as: (1) legal processes and otherwise required by law, (2) pertaining to victims of a crime, (3) suspicion that death has occurred as a result of criminal conduct, (4) in the event that a crime occurs on the premises of the practice, and (5) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose PHI to a coroner, medical examiner, or funeral director for identification purposes, as appropriate.

**Research:** We may disclose your PHI to researchers doing studies based on existing medical records or using existing records to plan a study involving patient treatment when their research has been approved by an institutional review board, which has reviewed the research proposal and established protocols to ensure the privacy of your PHI. If you agree to participate in research involving treatment, you will also be asked to sign an authorization to allow the researcher to use PHI gathered in the study.

**Imminent Threats:** Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military and security purposes.

**Workers' Compensation:** We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally established programs.

**Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

**Disclosures to the U.S. Department of Health and Human Services:** Under the law, we must make disclosures on request to the Secretary of the Department of Health and Human Services ("HHS") to help HHS determine whether we are operating in compliance with federal laws that protect the privacy of your health information.

**Other Uses and Disclosures of Protected Health Information:**

Any other uses and disclosures of your PHI not otherwise described in this Notice of Privacy Practices, including the sale of your PHI or the use of your PHI for marketing purposes, will be made only with your written authorization. You may revoke an authorization at any time, in writing, prospectively.

**2. Your Rights**

**Access:** Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian.) We will provide access to health information in a form / format requested by you. There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form. Contact our Privacy Officer for a copy of the request form. You may also request access by sending us a letter to the address at the end of this Notice. Once approved, an appointment can be made to review your records. Copies, if requested, will be \$.50 for each page and the staff time charged will be \$25.00 per hour including the time required to copy your health information. If you want the copies mailed to you, postage will also be charged. Access to your health information in electronic form if (readily producible) may be obtained with your request. If for some reason we aren't capable of an electronic format, a readable hardcopy will be provided. If you prefer a summary or an explanation of your health information, we will provide it for a fee. Please contact our Office for an explanation of our fee structure. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of litigation, or information governed by certain federal laws pertaining to laboratory testing quality.

**Right to Request Restriction of PHI:** If you pay in full out of pocket for your treatment, you can instruct us in writing not to share information about your treatment with your health plan for purposes of payment or operations, if it is not otherwise required by law or needed to provide emergency treatment.

**Amendment:** You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

**Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures" of your protected information if the disclosure was made for purposes other than providing services, payment, and or business operations. In light of the increasing use of Electronic Medical Record technology (EMR), the HITECH Act allows you the right to request a copy of your health information in electronic form if we store your information electronically. Disclosures can be made available for a period of 6 years prior to your request and for electronic health information 3 years prior to the date on which the accounting is requested. If for some reason we aren't capable of an electronic format, a readable hardcopy will be provided. To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer. Lists, if requested, will be \$.50 for each page and the staff time charged will be \$25.00 per hour including the time required to locate and copy your health information. Please contact our Office for an explanation of our fee structure.

**3- QUESTIONS AND COMPLAINTS**

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our Office Manager. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us in writing. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**You have the right to obtain a paper copy of this notice from us at any time.**

**This notice was published and became effective on 12/01/2014**

**HOW TO CONTACT US:**

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