

## Neurology Associates Northwest 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.*

### **Please read carefully**

If you have any questions about this notice, please contact the privacy officer by phone at 503-282-0943, by facsimile at 503-282-2682 or by mail at 501 North Graham Street, Suite 515, Portland, OR 97227.

#### **Who will follow this notice?**

This notice describes the information privacy practices followed by our employees, staff and other office personnel. The practices described in this notice will also be followed by physicians you consult by telephone [when your regular physician from our office is not available] who provide "call coverage" for your physician.

#### **Your health information**

This notice applies to the information and records we have about your health, health status and the healthcare and services you receive at this office. We are required by law to give this notice. It will tell you about the ways in which we may use and disclose your health information and describes your rights and our obligations regarding the use and disclosure of that information.

#### **How we may use & disclose health information about you**

We must have your written, signed consent to use and disclose health information about you for the following purposes;

- **For treatment:** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel with are involved in taking care of you and your health.

For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you. Different personnel in our office may also share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. Family members and other healthcare providers may be part of your medical care outside this office and may require information about you that we have.

- **For Payment:** We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or third party.

For example, we may need to give your health plan information about a service you received here so that your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover treatment.

- **For healthcare operations:** We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care.

For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient and whether certain new treatments are effective.

- **Appointment reminders:** We may contact you as a reminder that you have an appointment for treatment or medical care at this office.
- **Treatment Alternatives:** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders or if you do not wish to receive communications about treatment alternatives or health-related products. If you advise us in writing (at the office address shown at the top of this notice) that you do not wish to receive such communications, we will not use or disclose our information for these purposes. You may revoke your consent at any time by giving us written notice. Your revocation will be effective when we receive it but it will not apply to any uses and disclosures which occurred before that time. If you do revoke your consent, we will not be permitted to use or disclose your information for purposes of treatment, payment or healthcare operations and we may therefore choose to discontinue providing you with healthcare treatment and services.

- **Special Situations:** We may use and disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:
  - **To avert a serious threat to health or safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety of the public or another person.
  - **Required by law:** We will disclose health information about you when required to do so by federal, state or local law.
  - **Research:** We will disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are or will be involved in your care at the office.
  - **Organ and tissue donations:** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation or transplantation.
  - **Military, veterans, national security & intelligence:** If you are or were a member of the armed forces or part of the national security or intelligence communities we may be required by military command or other government authorities to release health information about. We may also release information about foreign military personnel to the appropriate foreign military authority.
  - **Workman compensation:** We may release health information about you for workers' compensation or similar programs. These programs offer benefits for work-related injuries or illness.
  - **Public health risk:** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions or problems with products.
  - **Health oversight activities:** We may disclose health information to a health oversight agency for audits, investigations, inspections or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs and compliance with civil rights laws.
  - **Lawsuits and disputes:** If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
  - **Coroners, medical examiners and funeral directors:** We may release health information to a coroner or medical examiner. This may be necessary for example, to identify a deceased person or determine a cause of death.

- **Information not personally identifiable:** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- **Family and friends:** We may disclose health information about you to your family members or friends if we obtain your verbal or written agreement to do so or if we give you an opportunity to object to such disclosure and you do not raise an objection. We may also disclose health information to your spouse when you bring your spouse with you into an exam room during treatment or while treatment is discussed. In situations where you are not capable of giving consent [because you are not present or due to your incapacity or medical emergency] we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide update on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, a filled prescription, medical supplies or imaging.

- **Other uses and disclosures of health information**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization; separate from any consent we may have obtained from you. If you give us authorization to use or disclose health information about you, you may revoke that authorization, in writing at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization but we cannot take back any uses or disclosures already made without your permission. If we have HIV/AIDS or substance abuse information about you, we cannot release that information without a special signed written authorization from you. In order to disclose these types of records for purposes of treatment, payment or healthcare operations, we will have to have both your signed consent and special written authorization that complies with law governing HIV/AIDS or substance abuse records.

- Your rights regarding health information about you

You have the following rights regarding health information we maintain about you:

- **Right to inspect and copy:** You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to the privacy officer at the [address or facsimile located at the top of this form] in order to inspect and/or copy your health information. If you request a copy of the information, we may charge you a fee for the cost of copying, mailing or other associated supplies. We have 30 days to comply with any requests for copied records but we will try to get records out in a reasonable timeframe. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information you may ask that the denial be reviewed, if such a review is required by law, we will select a licensed healthcare professional to review your request and our denial. The person conducting the review will not be the person who denied your request and we will comply with the outcome of the review.
- **Right to amend:** If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a medical record amendment/correction form to the privacy office at the location found at the top of this form.
- We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request to ask us to amend information that
  - We did not create, unless the person or entity that created the information is no longer able to make that amendment.
  - Is not part of the health information that we keep.
  - You would not be permitted to inspect and copy.
  - Is accurate and complete.

- Right to an accounting of disclosures: You have the right to request an accounting of disclosures. This is a list of disclosures we have made of medical information about you for purposes other than treatment, payment or healthcare operations.
- Right to request restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example you could ask that we not use or disclose information about surgery you had. We are not required to agree to your request. If we do agree we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you may complete and submit the Request for restriction on use/disclosure of medical information form and submit it to our privacy officer located at the address or facsimile at the top of this form.
- Right to request confidential communications: You have the right for request that we communicate with you about medical matters in a certain way or at a certain location. For example you can ask that we only contact you at work or by mail. To request confidential communications, you may complete and submit the Request for restriction of use/Disclosure of medical information and/or Confidential communication to the privacy officer at the address or facsimile at the top of this form.
- Right to a paper copy of this notice: You have the right to ask us for a paper copy of this notice at any time even if you have agreed to receive it electronically; you are still entitled to a paper copy. To obtain a paper copy, contact the privacy officer at the phone, facsimile or address above.
- Changes to this notice: We reserve the right to change this notice and to make the revised notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the correct notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.
- Complaints: If you believe your privacy rights have been violated, you may file a complaint with our office or the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the privacy officer at the above phone, facsimile or address above. You will not be penalized for filing a complaint.