

Clinical Neurology Specialists

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Pledge Regarding Medical Information

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of care and services you receive at our clinics. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

Clinical Neurology Specialists has the right to change our privacy practices provided that the law permits the changes. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our Privacy Notice at any time by contacting our Privacy Officer, Nathan Germin. Information on contacting us can be found at the end of this Notice.

TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will keep your health information confidential, using it only for the following purposes:

Treatment: We may use your medical information to provide you with medical treatment or services. We may disclose medical information about you to various staff members' in order to access to your health information according to their primary job functions.

Payment: We may use and disclose your health information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.

Health Care Operations: We may disclose and/or share your healthcare information with other health care professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality policy like this one. Health information about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care, only if you agree that we may do so.

Additional Uses and Disclosures: Facility Directory, Notification, Disaster Relief, Fundraising, Research in Limited Circumstances, Funeral Director, Coroner, Medical Examiner, Specialized Government Functions, Court Orders and Judicial and Administrative Proceedings, Public Health Activities, Victims of Abuse, Neglect or Domestic Violence, Workers Compensation, Health Oversight Activities, Law Enforcement, Appointment Reminders and Alternative and Additional Medical Services

YOUR PRIVACY RIGHTS AS OUR PATIENT

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.) 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 the Medical Records Department 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 \$.60 for each page and the staff time charged will be \$10.00 per hour including the time required to locate and copy your health information. If you want the copies mailed to you, postage will also be charged. Please contact the Medical Records Department for a fee and/or for an explanation of our fee structure.

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.

Non-routine Disclosures: You have the right to receive a list of non-routine disclosures we have made of your health care information. (When we make a routine disclosure of your information to a professional for treatment and/or payment purposes, we do not keep a record of routine disclosures: therefore these are not available.) You have the right to a list of instances in which we, or our business associates, disclosed information for reasons other than treatment, payment or healthcare operations.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We do not have to agree to these additional restrictions, but if we do, we will abide by our agreement. Please contact our Privacy Officer if you want to further restrict access to your health care information. This request must be submitted in writing.

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 Privacy Officer. 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. Request a Complaint Form from our Privacy Officer. 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.

HOW TO CONTACT US

Practice Name: Clinical Neurology Specialists
Privacy Officer: Nathan Germin
Telephone: 702-804-1212

This form does not constitute legal advice and covers only federal, not state law.

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
Clinical Neurology Specialists

**I am acknowledging that I have received a copy of
Clinical Neurology Specialists
Notice of Privacy Practices**

Please Print Your Name Here

Please Sign Your Name Here

Date

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy from this patient but it could not be obtained because:

- The patient refused to sign**
- Due to an emergency situation it was not possible to obtain an acknowledgement**
- We were not able to communicate with the patient**
- Other**

Employee Signature

Date