

LEO GERMIN, M.D.
&
NEUROLOGICAL
ASSOCIATES



CONTACT:

☎ RAINBOW: (702) 804-6555
☎ FAX: (702) 804-1998
☎ HORIZON: (702) 804-1212
☎ FAX: (702) 804-1273

Effective Date: April 14, 2003

Dear Patient,

Physicians have always protected the confidentiality of health information by sealing medical records away in file cabinets and refusing to reveal your information. Today, state and federal laws also attempt to ensure the confidentiality of this sensitive information.

The federal government recently published regulations designed to protect the privacy of your health information. This “privacy rule” protects health information that is maintained by physicians, hospitals, other health care providers and health plans. Physicians had until April 14, 2003 to comply with the privacy rule’s standards for protecting the confidentiality of your health information.

This regulation protects virtually all patients regardless of where they live or where they receive their health care. Every time you see a physician, are admitted to the hospital, fill a prescription, or send a claim to a health plan, your physician, the hospital or other health care provider will need to consider the privacy rule. All health information including paper records, oral communication, and electronic formats (such as e-mail) are protected by the privacy rule.

The privacy rule also provides you certain rights, such as the right to have access to your medical records. However, there are exceptions; these rights are not absolute. We also take precautions in our office to safeguard your health information such as training our employees and employing computer security measures. Please feel free to ask your physician or our Privacy Officer about exercising your rights or how your health information is protected in our office.

The Notice of Privacy Practices attached to this letter explains our privacy practices. It contains very important information about how your confidential health information is handled by our office. It also describes how you can exercise your rights with regard to your Protected Health Information (PHI).

Please let us know if you have any questions about our Notice of Privacy Practices. You may contact our Privacy Officer at (702) 804-1212, or discuss any questions you may have with your physician. You can also learn more at www.hhs.gov/ocr/hipaa/ or by calling 1-866-627-7748; the phone call is free.

Thank You,
Clinical Neurology Specialists

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NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION (PHI)

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice describes the privacy practices of Clinical Neurology Specialists (referred to herein as “CNS”). All employees follow the terms and conditions of this Notice. CNS is required by law to maintain the privacy of your health information (referred to herein as “PHI” or “protected health information”) and to provide you with this Notice.

I. Uses and Disclosure of Protected Health Information

With the exception of an emergency or other special circumstance, we will ask you to sign a general authorization so that we may use and disclose your PHI for the purposes detailed below.

A. Providing Treatment

CNS will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services. We may also disclose your PHI to other providers (e.g. physicians, nurses, pharmacists, therapists, and other health care facilities involved in your treatment).

B. Obtaining Payment

CNS may use and disclose your PHI to obtain payment for services that we provide to you. For example, to request payment from your health insurer and to verify that your health insurer will pay for your health care services.

C. Health Care Operations

CNS may use or disclose your PHI for our health care operations. These include internal administration and planning and various activities that improve the quality and cost effectiveness of health care services. For example, we may use your PHI to evaluate the quality and competence of our physicians, physician assistants, and other health care workers. We may also use PHI to resolve client concerns and complaints.

D. Other Uses and Disclosures

CNS may also disclose PHI to other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations.

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www.cnsnevada.com

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II. Other Uses and Disclosures (Authorization Not Required)

Federal privacy rules allow CNS to use and disclose your PHI without your permission or authorization for a number of reasons including the following:

A. When Legally Required

CNS will disclose your PHI when required to by federal, state, or local law.

B. Public Health Activities

CNS may disclose your PHI for the following public activities: 1) reporting births or deaths; 2) preventing or controlling disease, injury, or disability; 3) reporting child abuse and neglect to public health or other government authorities authorized by law to receive such reports; 4) reporting information about products and services under the jurisdiction of the United States Food and Drug Administration, such as reactions to medications and problems with products; 5) alerting a person who may have been exposed to an infectious disease or may be at risk of contracting or spreading a disease or condition; 6) notifying people of recalls of products they may be using; 7) reporting information to your employer as required by laws addressing work-related illnesses and injuries or workplace medical surveillance.

C. To Report Abuse or Domestic Violence

If we reasonably believe you are a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a government authority, including a social service or protective services agency, authorized by law to receive such reports.

D. Health Oversight Activities

CNS may disclose your PHI to a health oversight agency that is responsible for ensuring compliance with rules of governmental health programs such as Medicare.

E. Legal Proceedings and Law Enforcement

CNS may disclose your PHI in the course of any court order, subpoena, or other lawful process.

F. To Coroners, Funeral Directors, and for Organ Donations

CNS may disclose your PHI to a coroner or medical examiner for identification purposes to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. CNS may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral parlor to carry out duties. CNS may disclose such information in reasonable anticipation of death. Your PHI may be used and disclosed for cadaver, organ, eye, or tissue donation purposes.

G. Research

When conducting research, in most cases, we will ask for your written authorization before PHI is used. However, CNS may use or disclose your PHI without your specific authorization for research if CNS' Executive Committee has waived the authorization requirement.

H. In The Event Of A Serious Threat To Health or Safety

CNS, consistent with applicable law and ethical standards of conduct, may use or disclose your PHI if CNS believes, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

I. For Specified Government Functions

In certain circumstances, the federal regulations authorize use or disclosure of your PHI to facilitate special government functions relating to military and veteran activities, national security, intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

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J. For Workers Compensation

CNS may release your PHI to comply with worker's compensation laws or similar programs.

K. Inmates

If you are or become an inmate of a correctional institution or you are in the custody of a law enforcement official, we may release your PHI to the institution or official if required to provide you with healthcare or to protect the health and safety of others.

L. Disclosure to Relatives, Friends, and Other Caregivers

We may disclose your PHI to a family member, other relative, friend, or any other person if we obtain your agreement and provide you with the opportunity to object to the disclosure (and you do not object) or we reasonably assume that you do not object. If we provide information to any individual(s) listed above, we will release only information that we believe is directly relevant to that person's involvement with your health care or payment related to your health care. We may also disclose your PHI in the event of an emergency or to notify (or assist in notifying) such persons of your location, general condition or death.

III. Uses and Disclosures Requiring Your Written Authorization

Other than stated above, CNS would not disclose your PHI other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that CNS has taken action in reliance upon the authorization.

IV. Your Rights

A. The Rights To Inspect and Copy Your PHI

You may request to see and receive copies of your medical and billing records. To do so, please submit a written request to CNS. You will be charged for copies in accordance with state law. If you are a parent or legal guardian of a minor, certain portions of the minor's medical record may be inaccessible to you (for example, records relating to abortion, contraception and/or family planning services) unless the minor authorizes CNS to give you access to this PHI. Additionally, under limited circumstances defined by law, we may deny you access to a portion or your records.

Under federal law, however, you may not inspect or copy the following records:

- Psychotherapy notes - information compiled in reasonable anticipation of, or for use in, a civil, criminal, administrative action, or proceeding
- PHI that is subject to a law that prohibits access to PHI. Depending on the circumstances, you may have the right to request a review of this decision to deny access review

CNS may deny your request to inspect or copy your PHI, in our professional judgment, if such information accessed will likely endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person within the information. You have the right to request a review of this decision.

B. The Right To Request A Restriction On Uses and Disclosure Of Your PHI

You may request that CNS restrict use or disclosure of parts of your PHI for the purpose of treatment, payment, or health care operations. You may also request that CNS restrict disclosure of your PHI to family members or friends who may be involved in your care or notification purposes as described in this Notice. The request must state specific restrictions and to whom the restriction applies.

While we will consider all requests for restrictions carefully, we are not required to agree to a request.

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C. The Right To Receive Confidential Communication From CNS By Alternate Means Or At An Alternate Location

You may request, and CNS will accommodate any reasonable written request from you to receive your PHI by alternative means of communication or at alternative locations. For example, you may instruct us not to contact you by telephone at home, or you may give us a mailing address other than your home for test results.

D. The Right To Revoke Your Authorization

You may revoke your authorization, except to the extent that we have already used or disclosed your PHI. A revocation form is available upon written request from CNS. This form must be completed by you and returned to CNS.

E. The Right To Have CNS Amend Your PHI

You may request an amendment of PHI in your medical and billing records. To do so, you must submit a written request to CNS. CNS may deny your request for an amendment. If the request is denied, you have the right to file a statement of disagreement with CNS. CNS will prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

F. The Right To Receive An Accounting of Disclosures

You have the right to request an accounting of certain disclosures of your PHI. Your request may cover any disclosures made in the six years prior to the date of your request. However, we are not required to give you a record of disclosures that occurred before April 14, 2003.

G. The Right To Obtain A Paper Copy of This Notice

Upon request, CNS will provide separate paper copies of this Notice even if you have already received a copy of the Notice or have agreed to accept the Notice.

V. Complaints

You have the right to express complaints to CNS and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to CNS by contacting the Practice Manager verbally or in writing using the contact information provided below. We encourage you to express any concerns you may have regarding the privacy of your PHI. There will be no retaliation against you for filing a complaint.

VI. Contact Person

The Practice Manager is the office contact person for all issues regarding client privacy and rights under the federal privacy standard. Information regarding matters covered by this Notice and complaints against the agency can be mailed to:

Clinical Neurology Specialists
1691 W. Horizon Ridge Pkwy., Suite 100
Henderson, NV 89012
Attention: Practice Manager

Or by telephone (702) 804-1212

VII. Effective Date

This Notice is effective as of September 1, 2004.

VIII. Right to Change Terms of This Notice

We may change the terms of this Notice at any time. If CNS changes this Notice, you can request any revised Notice by contacting CNS. CNS will post the change on the company's website (if applicable).

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Acknowledgement - Notice of Privacy Practices

I, _____ (print first name and last) acknowledge that I have received the Notice of Privacy Practices. I have also been given the opportunity to ask questions about this notice and to request additional restrictions on the Practice's use and disclosure of my personal health information, or to request additional confidential treatment of communications between the Practice and myself or others.

Signature

Date