

**Research:**

We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

**Appointment Reminders:**

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Marketing:**

We may contact you to answer questions regarding your opinion and personal feelings about services you have received at Neurology Associates, PA or alternative health care solutions that you may be interested in.

**Food and Drug Administration (FDA):**

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers Compensation:**

We may disclose health information to the extent authorized by and necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health:**

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Inmates:**

Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

**Law Enforcement:**

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work

force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**FOR MORE INFORMATION  
OR TO REPORT A PROBLEM:**

If have questions and would like additional information, you may contact Privacy Officer of Neurology Associates, PA at the address at the top of this brochure. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer by means noted above. There will be no retaliation for filing a complaint. You may also file a complaint with the US Secretary of the Department of Health and Human Resources.

**Effective Date of This Policy: January 1, 2009**

**Neurology Associates, PA  
1985 Tate Blvd SE, Ste 600  
Hickory, NC 28602  
(828) 328-5500**



## **Notice of Privacy Practices**

Revised January 2009

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**Neurology Associates, PA  
1985 Tate Blvd SE, Ste 600  
Hickory, NC 28602**

**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.**

We are required by law to provide you with this Notice that explains our privacy practices and how we may use or disclose your protected health information for treatment, payment, and for health care operations, as well as for other purposes that are required by law. You have certain rights regarding the privacy of your protected health information and we also describe them in the Notice.

This information is referred to as your medical history or medical record and serves as a basis for planning your care and treatment. Your medical record is also a means of communication among health care professionals who contribute to your care. Your medical record is

- A legal document describing the care you received and a means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of the nation,
- A source of data for planning, and
- A marketing tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and enable you to make more informed decisions when authorizing disclosure to others.

### **Your Health Information Rights:**

Although your health record is the physical property of Neurology Associates, PA, the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information. This includes the right to obtain a paper copy of the Notice of Privacy Practices and, upon request, inspect, and obtain a copy of your health record. You may request an amendment to your record, obtain an accounting of disclosures of your health information, and/or revoke your authorization to use or disclose health information except to the extent that action has already been taken.

If you wish to inspect, copy, or amend your protected health information, you must submit a written request to the Privacy Officer, Neurology Associates, PA, at the address at the top of this brochure. You may mail or bring the request to the office. We will have 30 days to respond to the request for information we store on site. We will have 60 days to respond for information that is stored off-site.

### **Neurology Associates, PA Responsibilities:**

Neurology Associates, PA is required to;

- maintain the privacy of your health information,
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- abide by the terms of this Notice,
- notify you if we are unable to agree to a requested amendment or restriction,
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice in our waiting room so that you may request a copy of the revised Notice. The revised Notice will also be posted on our website. We will not use or disclose your health information without your authorization, except as described in this Notice.

### **We may use or disclose your protected health information without your authorization under the following circumstances:**

#### **Treatment:**

We will use and/or disclose your protected health information to provide, coordinate, or manage your health care and any related services. We will also disclose your health information to other physicians who may be treating you. Additionally, we may from time to time disclose your health information to another physician who we have requested to be involved in your care.

For example:

We would disclose your information to a specialist to whom we have referred you to help with your treatment.

#### **Payment:**

We will use your health information for payment of health care services.

For example:

A bill may be sent to you or a third-party payer. The information on or accompanying

the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

#### **Operations:**

We will use your health information for the support of our health care operations.

For example:

Members of the medical staff or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

**Business Associates:** There are some services provided in our organization through contacts with business associates.

Some examples of business associates include computer service companies, healthcare consultants, and couriers. When these services are contracted, we may disclose or the business associate may have access to your health information. To protect your health information, however, we require the business associate to appropriately safeguard your information.

### **Other Ways We May Use and Disclose Your Protected Health Information.**

#### **Notification:**

We may use or disclose information to notify you of an appointment or to request that you return a phone call to our office. Our staff will use their best judgment in leaving such information with someone who answers the phone at the phone number you have given us. A message may be left on your answering machine.

#### **Communication to Personal Representative(s):**

You will be given the opportunity to tell our office the names of family members or others with whom we may discuss your personal health information.