

Notice of Privacy Practices for Protected Health Information



This notice describes how your Protected Health Information (PHI) may be used and disclosed and how you can get access to this information. Please review it carefully.

Neuroversion takes the privacy of your health information seriously. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, and test results, diagnosis, treatment, and applying for future care or treatment. It also includes billing documents for those services.

We are required by law to maintain the privacy of your health information and provide you with this Notice of Privacy Practices. We will act according to the terms of this Notice. We are required to notify you if we cannot accommodate a requested restriction or request and accommodate your reasonable request regarding methods to communicate health information to you. We reserve the right to change this Notice of Privacy Practices and to make any new practices effective for all Protected Health Information that we keep. Any changes made to the Notice of Privacy Practices will be prominently displayed, available at our offices and posted on our website (www.neuroversion.com).

The clinic is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. We will attempt in good faith to obtain your signed Acknowledgement that you were offered a copy of this Notice to use and disclose your confidential medical information for the following purposes.

Treatment Purposes:

- A medical assistant or scribe obtains treatment information about you and records it in a health record
- During the course of your treatment, the provider determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.

Payment Purposes: We submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests information from us regarding medical care given. We will provide information to them about you and the care given. ****Exception: If you have paid a visit in full and have requested the information not be shared with your insurance carrier, we will not disclose that particular visit. ****

Health Care Operations: We obtain services from our insurers or other business associates such as quality assessment and improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, and legal services. We will share information about you with such insurers or business associates as necessary to obtain these services.

Other Disclosures and Uses: Examples of other types of disclosures and uses of your PHI are listed below (note that this is not an exhaustive list). If you would like additional information on these, please contact us.

- Communication with family
- Threat to health or safety
- Public Health
- Notification of persons responsible for your care
- Law Enforcement as required by law; Judicial proceedings
- Health Oversight to agencies for health oversight activities
- FDA, related to adverse events
- Abuse & Neglect

We will not sell your PHI without written authorization. We will not use your PHI for marketing purposes without your written authorization. Patients do have a right to 'opt out' of such marketing information. Except where required by law, we will not disclose your psychotherapy notes without your written authorization. Other uses and disclosures, besides those identified in this Notice, will be made only with your written authorization and you may revoke the authorization as stated under "Your Health Information Rights."