

NOTICE OF PRIVACY PRACTICES

I certify that I have read the attached copy of the Notice of Privacy Practices for Puget Sound Neurology. I understand that I have the right to request a copy of this notice at any time.

I also give my consent for Puget Sound Neurology to release my Protected Health Information for the purposes of treatment, payment and healthcare operations as described in this notice.

Patient Name _____

Signature _____ Date _____

CONSENT TO RELEASE INFORMATION

I also give my consent for Puget Sound Neurology to release my Protected Health Information to the following family member(s) or advocate(s) for the purpose of treatment, payment and healthcare operations as described in this notice:

Name _____ Relationship to Patient _____

Name _____ Relationship to Patient _____

Signature _____ Date _____

PERMISSION TO LEAVE VOICEMAIL

I, _____, also give Puget Sound Neurology permission to leave a voicemail regarding my medical care procedure or appointment reminder at:

YES Home Phone (_____) _____ Work Phone (_____) _____

NO

Signature _____ Date _____

Thank you for helping us to serve you better!

NOTICE OF PRIVACY PRACTICES

HIPAA

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.

UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION

Anytime that you visit a physician, hospital, dentist or any other healthcare provider a record of your visit is made. This record typically contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information may be referred to as your medical record. It serves as a basis for planning your care and treatment and it also serves as a means of communication among physicians and other healthcare professionals. Understanding what is in your record and how your personal health information is used can help you to ensure the accuracy and to better understand who and why others may have access to your health information and helps you make more informed decisions when authorizing disclosure to others.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Unless otherwise required by law, your health record is the physical property of the healthcare provider or facility that has compiled it. However, you have certain rights with respect to the information. You have the right to:

1. Receive a copy of this Notice of Privacy Practices upon request at anytime.
2. Request restriction on our use and disclosure of your protected health information for treatment, payment and healthcare operations. You may also request additional restrictions on our disclosure of your protected health information to certain individuals involved in your care that otherwise are permitted by the HIPAA laws. However, we reserve the right not to agree to the requested restrictions. To request restrictions, you must make your request in writing to our Privacy Official. In your request, please include (1) the information that you want to be restricted, (2) how you want to restrict the information, and (3) to whom you want those restrictions to apply.
3. Request to receive communication of personal health information in confidence.
4. Inspect and obtain a copy of your protected health information contained in your medical and billing records. It does not include psychotherapy notes or information gathered or prepared for a civil, criminal or administrative proceeding. To inspect or obtain a copy of your protected health information, contact our Privacy Official. If you request a copy of your record, we may charge a reasonable fee for the copying, postage, labor and supplies used in meeting your request.
5. Request an amendment to your protected health information, as long as such information is kept by and for our office. However, we may deny your request for amendment if we determine that the protected health information or record that is the subject of the request:
 - a. Was not created by us, unless you provide a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment,
 - b. Is not part of your medical or billing record,
 - c. Is not available for inspection as set forth above or,
 - d. Is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, not a replacement of, the existing records.

6. Receive an accounting of disclosures of protected health information made by us to individuals or entities other than you, except for disclosures:
 - a. To carry out treatment, payment and healthcare operations,
 - b. To persons involved in your care or for other notification purposes as provided by law,
 - c. To correctional institutions or law enforcement officials as provided by law,

- d. For national security or intelligence purposes,
 - e. That occurred prior to the date of compliance with privacy standards (April 14, 2003),
 - f. Incidental to other permissible uses or disclosures,
 - g. That are part of a limited data set (does not contain protected health information that directly identifies individuals),
 - h. Made to patient or their personal representatives,
 - i. Or which a written authorization form from the patient has been received.
7. Revoke your authorization to use or disclose health information except to the extent that we have already taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Puget Sound Neurology may use and/or disclose your medical information for the following reasons:

Treatment: We may use and disclose protected health information (PHI) to provide, coordinate and manage your health care, including consulting between health care providers regarding your care and referrals for health care from one health care provider to another.

Payment: We may use and disclose PHI to obtain reimbursement for the treatment and services provided to you, including the determination of eligibility of coverage and other utilization review activities. We may disclose limited PHI to consumer reporting agencies relating to collection of payment owed to us.

Healthcare Operations: We may use and disclose PHI to support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning and developments, management and administrative activities.

Appointment Reminders: We may use and disclose PHI to contact you to provide appointment reminders.

Treatment Alternatives: We may use and disclose PHI to tell you about or recommend possible treatment alternatives or other health care related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose PHI to your family, friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the PHI directly relevant to their involvement in your care or payment. We may also disclose your PHI to notify a person responsible for your care (or to identify such person) of your location, general condition or death.

Business Associates: There may be some services provided in our organization through contracts with Business Associates. This would include our billing management system, electronic claims clearing house or physician services in the emergency department and radiology. When these services are contracted, we may disclose some or all of your health information, however, we require the Business Associate to appropriately safeguard your information.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Worker's Compensation: We may release PHI about you for programs that provide benefits for work related injuries or illness.

Communicable Diseases: We may release PHI to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities: We may disclose PHI to federal or state agencies that oversee our activities.

Law Enforcement: We may disclose PHI as required by law or in response to a valid judge-ordered subpoena. For example, in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness or a missing person; related to judicial or administrative proceedings; or related to law enforcement purposes.

Military and Veterans: If you are a member of the armed forces, we may release PHI about you as required by military command authorities.

Lawsuits and Disputes: We may disclose PHI about you in response to a court or administrative order. We may also disclose medical information about you to in response to a subpoena, discovery request or other lawful purposes.

Inmates: If you are an inmate of a correctional institute or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official.

Abuse or Neglect: We may disclose PHI to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Coroners, Medical Examiners and Funeral Directors: We may release PHI to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release PHI about patients of funeral directors as necessary to carry out their duties.

Public Health Risks: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for such purposes as controlling disease, injury or disability.

Serious Threats: As permitted by applicable law and standards of ethical conduct, we may use and disclose PHI if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Food and Drug Administration (FDA): As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product or product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

Research: We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of your PHI.

OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

We are required by law and under the HIPAA Privacy Rule to maintain the privacy of your health information. In addition, we are required to provide you with our legal duties and privacy practices with respect to information we collect and maintain about you. We must comply with the terms of this notice. We reserve the right to make changes to this notice and to make such changes effective for all PHI we may already have about you. IF and when this notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised notice upon request to our Privacy Official.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this notice or would like additional information, you may contact our Privacy Official at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Office at Puget Sound Neurology, or the Secretary of the Department of Health and Human Services. We will not retaliate or take action against you for filing a complaint.

The contact information is included below:

US Department of Health and Human Services
Office of the Secretary
200 Independence Ave. SW
Washington DC 20201
phone 202.619.0257
toll free 1.877.696.6775
<http://www.hhs.gov/contacts>

Puget Sound Neurology
Privacy Office
7320 216th St. SW Suite 310
Edmonds, WA 98026
phone 425.673.3800
fax 425.673.3803