



Health Insurance Portability and Accountability Act of 1996
HIPAA OMNIBUS – NOTICE OF PRIVACY PRACTICES
Effective: April 14, 2003
Revised: October 5, 2016; July 23, 2019

HIPAA Omnibus Notice of Privacy Practices

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 of Privacy Practices is NOT an authorization. This Notice of Privacy Practices describes how we, our Business Associates and their subcontractors, may use and disclose your Protected Health Information (PHI) to carry out Treatment, Payment or Health Care Operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information. Please review it carefully.

We reserve the right to change this notice at any time and to make the revised or changed notice effective in the future. A copy of our current notice will always be posted in the waiting area. You may also obtain your own copy by accessing our website at www.neurocareinc.com or calling the Privacy Officer at 617-581-6407.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

There are some situations when we do not need your written authorization before using your health information or sharing it with others, including:

Treatment: We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. We may use your health information to determine whether you meet the criteria for inclusion into research trials. If you do, we will seek your permission before using or disclosing your information.

Payment: We can use and share your health information to bill and get payment from health plans or other entities. In some cases, we may share information about you with your health insurance company to determine whether it will cover your treatment. For example, we give information about you to your health insurance plan so it will pay for your services.

Healthcare Operations: We may use or disclose, as-needed, your health information in order to run our organization, such as quality assessment, employee review, medical student training, licensing, and conducting or arranging for other business activities. For example, we use health information about you to manage your treatment and services.

Appointment Reminders and Health-related Benefits and Services: We may use or disclose your Protected Health Information, as necessary, for the purpose of making pre and post appointment phone calls or reminding you of your appointment, and/or to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you. Unless it is specially instructed, we may leave a message on your answer machine or with a person who answers the phone at the phone number you provided us. These communications may be sent by using the following methods: text message, email and telephone.

Friends and Family Involved in Your Care: If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for your care, including following your death.

Business Associate: We may disclose your health information to contractors, agents and other "business associates" who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, a billing company, an accounting firm, or a law firm that provides professional advice to us. Business associates are required by law to abide by the HIPAA regulations.

Incidental Disclosures: While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a scheduled visit, other patients in the test center may see, or overhear discussion of, your health information.

De-Identified Information: We may use and disclose your health information if we have removed any information that has the potential to identify you so that the health information is "completely de-identified."

Emergencies or Public Need: We may use or disclose your PHI if you need emergency treatment or if we are required by law to treat you.

We may use or disclose your Protected Health Information in the following situations without your authorization: as required by law, public health issues, communicable diseases, abuse, neglect or domestic violence, health oversight, lawsuits and disputes, law enforcement, to avert a serious and imminent threat to health or safety, national security and intelligence activities or protective services, military and veterans, inmates and correctional institutions, workers' compensation, coroners, medical examiners and funeral directors, organ and tissue donation, and other required uses and disclosures. Under the law, we must also disclose your Protected Health Information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

REQUIREMENT FOR WRITTEN AUTHORIZATION

There are certain situations where we must obtain your written authorization before using your health information or sharing it, including:

Most Uses of Psychotherapy Notes, when appropriate.

Marketing: We may not disclose any of your health information for marketing purposes if Neurocare will receive direct or indirect financial payment not reasonably related to Neurocare's cost of making the communication. Mobile information will not be shared with third parties/affiliates for marketing/promotional purposes.

Sale of Protected Health Information: We will not sell your Protected Health Information to third parties. Mobile information will not be shared with third parties/affiliates for marketing/promotional purposes.

You may revoke the written authorization, at any time, except when we have already relied upon it. To revoke a written authorization, please write to the Privacy Officer at Neurocare. You may also initiate the transfer of your records to another person by completing a written authorization form.

PATIENT RIGHTS

Right to Inspect and Copy Records. You have the right to inspect and obtain a copy of your health information, including medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to Neurocare's administrative office. We may charge a fee for the costs of copying, mailing or other supplies. If you would like an electronic copy of your health information, we will provide one to you as long as we can readily produce such information in the form requested. In some limited circumstances, we may deny the request. Under federal law, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information related to medical research where you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

Right to Amend Records. If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment in writing. If we deny your request, we will provide a written notice that explains our reasons. You will have the right to have certain information related to your request included in your records.

Right to an Accounting of Disclosures. You have a right to request an "accounting of disclosures" every 12 months, except for disclosures made with the patient's or personal representatives written authorization; for purposes of treatment, payment, healthcare operations; required by law, or six (6) years prior to the date of the request. To obtain a request form for an accounting of disclosures, please write to the Privacy Officer.

Right to Request Restrictions. You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our normal business operations. Your request must state the specific restrictions requested and to whom you want the restriction to apply. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer for purposes of payment or operations. We will say "yes" unless a law requires us to share that information.

Right to Request Confidential Communications. You have the right to request that we contact you about your medical matters in a more confidential way, such as calling you at work instead of at home. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.

Right to Have Someone Act on Your Behalf. You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

Right to Obtain a Copy of Notices. If you are receiving this Notice electronically, you have the right to a paper copy of this Notice.

Right to File a Complaint. If you believe your privacy rights have been violated by us, you may file a complaint with us by calling the Privacy Officer at 617-581-6407, or with the Secretary of the Department of Health and Human Services. We will not withhold treatment or take action against you for filing a complaint.

Use and Disclosures Where Special Protections May Apply. Some kinds of information, such as alcohol and substance abuse treatment, HIV-related, mental health, psychotherapy, and genetic information, are considered so sensitive that state or federal laws provide special protections for them. Therefore, some parts of this general Notice of Privacy Practices may not apply to these types of information. If you have questions or concerns about the ways these types of information may be used or disclosed, please speak with your health care provider.

OUR RESPONSIBILITIES

Privacy. We are required by law to maintain the privacy and security of your protected health information.

Breach Notification. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Privacy Practices. We must follow the duties and privacy practices described in this notice and make a copy available to you. We will not use or share your information other than as described here unless you tell us we can in writing. If you change your mind at any time, you must let us know in writing.

Neurocare will provide a copy of the Notice upon request by the patient. As a health care provider with an indirect treatment relationship with the patients being tested only on the orders of their physicians, we have posted the Notice as required.