

## ***JASPER NEUROLOGICAL ASSOCIATES, P.C.***

3850 CAMP ROAD, SUITE C  
JASPER, GEORGIA 30143  
(706) 253-1401

### **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

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

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information (PHI).

“Protected Health Information or PHI” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health, or condition, and related health services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. We will provide you with any revised Notice of Privacy Practices, if you call the office and request that a revised copy be sent to you in the mail, or by asking for one at the time of your next appointment.

#### **Typical uses and Disclosures of Medical Information**

We collect medical information from you. Within our office, we restrict the disclosure of this information to doctors, nurses, technicians and insurance and billing personnel. Outside our office, we restrict the disclosure to those people, entities and agencies for whom you authorize disclosure such as other healthcare providers (doctors, nurses, extended care facilities), insurance companies, billing agencies, hospitals and surgery sites, or those agencies and entities for whom legal and administrative requirements demand disclosure such as:

- When required by law
- Public health activities (deaths, child abuse, neglect, domestic violence, problems with products, reactions to medications, product recalls, disease/infection exposure, disease/injury/disability control/prevention)
- Health oversight activities (audits, investigations, inspections)
- Judicial and administrative proceedings (court order)
- Appropriate law enforcement requests (to identify or locate a suspect, fugitive, material witness, or missing person)
- Deceased person information to coroners, medical examiners, funeral directors
- Organ and tissue donation
- Research, provided authorization that is IRB approved or privacy board approved
- Emergencies or to avert serious threat to health or safety
- Specialized government functions (military, inmate)
- Worker’s Compensation
- For the defense of medical professional liability claims

We may contact you for appointment reminders and we may provide you with information about health-related or product benefits and services or products.

Each patient is given a copy of the Privacy Notice and an opportunity to review and understand it.

## **PATIENT PRIVACY RIGHTS**

You have the right to:

- Inspect and receive a copy of the medical information from your chart. You may submit a written request to our office, prepay the copy fee and receive a copy of the record. We must respond within 30 days if the record is readily available and within 60 days if it is not readily available.
- Request amendment of medical information in your chart. You may identify inaccurate or incomplete information in your chart. You must submit a written request to amend your chart directed to our office. We must respond within 60 days.
- Receive an accounting of any disclosures made from your record over the last six years, starting April 14, 2003. You can get this with a written request directed to our office. We must respond within 60 days.
- Request restrictions as to the amount of medical information we disclose. This is limited as noted above, and your request may not supersede the typical disclosures noted above. You may revoke or restrict consent. We are not required to agree to a requested restriction.
- Request confidential communications. All communications in our office are confidential. You may specifically request that all communications be confidential with a written request directed to our office.

### **Our Responsibilities under HIPAA**

We are required by law to maintain the privacy of your personal health information, and to provide notice to you of our legal duties and privacy practices and adhere to this notice.

We are required to abide by the terms of the notice currently in effect.

We reserve the right to make changes to this notice. We will post a notice that the Notice of Privacy Practices has been changed and the effective date of the change. Copies will be available upon request.

### **Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, Jan Cowart, Practice Manager, for further information about the complaint process at:

Jasper Neurological Associates, P.C.  
3850 Camp Road, Suite C, Jasper GA 30143  
(706) 253-1401

This notice becomes effective on April 14, 2003