

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH AND FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Neuro Focus Center, LLC is required by law to maintain the privacy of your health and financial information. We realize that these laws are complicated, but we must provide you with the following important information. Neuro Focus Center, LLC will not use or disclose your protected health and financial information except as described in this notice.

TREATMENT: Neuro Focus Center, LLC will use your protected health and financial information in the provision and coordination of your healthcare. Neuro Focus Center, LLC may disclose all or any portion of your protected health and financial information to your attending physician, consulting physician(s), nurses, technicians, medical students, and other health care providers who have a legitimate need for such information in your care and continued treatment. For example, we would disclose your protected health information as necessary, to a home health agency that provides care to you or to other physicians who LLC may be treating you.

TREATMENT ALTERNATIVES: Neuro Focus Center, LLC may use and disclose your protected health and financial information to tell you about or recommend a possible treatment option or alternative that may be of interest to you.

FAMILY / FRIENDS: Neuro Focus Center, LLC may NOT release protected health and financial information about you to a friend or family member without your expressed written consent.

PAYMENT: Neuro Focus Center, LLC may release protected health and financial information about you for the purposes of determining coverage, billing, claims management, medical data processing, and reimbursement. The information may be released to an insurance company for the coordination of benefits and to obtain payment. Neuro Focus Center, LLC may provide information to them about you and the care given, which may include copies or excerpts of your medical records, which are necessary for payment of your account. For example, a bill sent to an insurance company might include information that identifies you, your diagnosis, and the procedures and supplies used.

ROUTINE HEALTHCARE OPERATIONS: Neuro Focus Center, LLC may use and disclose your protected health and financial information during routine health operations; which include, but not limited to, the possible use of a sign in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the reception area when your physician is ready to see you.

PHONE CONTACTS: Neuro Focus Center, LLC may use and disclose protected health information as necessary, to remind you of your appointment.

HEALTH RELATED BUSINESS & SERVICES: Neuro Focus Center, LLC may use and disclose protected health and financial information to tell you of health related benefits or services that may be of interest to you.

BUSINESS ASSOCIATES: Neuro Focus Center, LLC may use and disclose certain protected health and financial information about you to business associates. A business associate is an individual or entity under contract with Neuro Focus Center, LLC which necessitates the use and disclosure of protected health and financial information. For example, may include, but is not limited to, copy services used by Neuro Focus Center, LLC to copy medical records, consultants, accountants, lawyers, medical transcriptionists and third party billing companies. These business associates also have the obligation to protect the confidentiality of your protected health information.

REGULATORY AGENCIES: Neuro Focus Center, LLC may disclose your protected health and financial information to a government oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations, and inspections. In addition, Neuro Focus Center, LLC may disclose your protected health information to certain private oversight health agencies such as accreditation organizations.

LAW ENFORCEMENT / LIGATION: Neuro Focus Center, LLC may disclose your protected health and financial information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

PUBLIC HEALTH: Neuro Focus Center, LLC as required by law, may disclose your protected health and financial information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, Neuro Focus Center, LLC is required to report the existence of a communicable disease, such as acquired immune deficiency syndrome (AIDS), to the Arizona State Department of Health Services to protect the health and well being of the general public.

WORKER'S COMPENSATION: Neuro Focus Center, LLC may release protected health and financial information about you to your employer, your worker's compensation carrier and/or the appropriate industrial commission for worker's compensation benefits or similar programs.

MILITARY / VETERANS: Neuro Focus Center, LLC may disclose your protected and financial information as required by military command authorities, if you are a member of the armed forces.

FDA: Neuro Focus Center, LLC may disclose your protected health and financial information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products to enable product recalls, to make

repairs or replacements, or to conduct post marketing surveillance, as required.

INMATES: Neuro Focus Center, LLC may use your protected health and financial information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

REQUIRED BY LAW: Neuro Focus Center, LLC may disclose protected health and financial information about you when required to do so by law. For example, Neuro Focus Center, LLC may disclose certain protected health and financial information to those persons who have a risk exposure related to a communicable disease, according to Arizona law.

CORONERS, FUNERAL DIRECTORS, AND ORGAN DONORS: Neuro Focus Center, LLC may disclose protected health information to a coroner or medical examiner for identification purposes; determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. Neuro Focus Center, LLC may also disclose protected health information to a funeral director to carry out their duties. Neuro Focus Center, LLC may disclose such information in reasonable anticipation of death for cadaveric organ, eye, or tissue donation purposes.

OTHER USES: Any other use and disclosures not allowed by law or regulation will be made only with your written authorization. If you would ever like to revoke your permission, please notify the office in writing.

PATIENT HEALTH INFORMATION RIGHTS:

Although all records concerning your medical care and treatment obtained at Neuro Focus Center, LLC are the property of Neuro Focus Center, LLC, you have the following rights concerning your protected health and financial information:

RIGHT TO CONFIDENTIAL COMMUNICATIONS: You have the right to receive confidential communications of your protected health and financial information by alternative means or at alternative locations. For example, you may request that Neuro Focus Center, LLC only contact you at work or by mail.

RIGHT TO REQUEST AND INSPECT A COPY: You have the right to request inspection and request a copy of your protected health and financial information provided your physician does not deem said information to be potentially harmful to you or your recovery. A reasonable fee may be charged for these services.

RIGHT TO AN ACCOUNTING: You have the right to obtain a statement of the disclosures of your protected health and financial information that occurred after April 14th, 2003, as provided by the HIPAA Federal Privacy Law and Regulations. You have the right to one free accounting in a 12 month period.

RIGHT TO AMEND: You have the right to request an amendment to your protected health and financial information according to Neuro Focus Center, LLC privacy policy.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request restrictions on certain uses and disclosures of your medical records, protected health information as provided by the Federal Privacy Law. Neuro focus Center, LLC may decide not to honor your request.

RIGHT TO RECEIVE COPY OF THIS NOTICE: You have the right to receive a paper copy of this notice upon request.

RIGHT TO REVOKE AUTHORIZATION: You have the right to revoke your authorization to use or disclose your protected and financial information except to the extent that action has already been taken based on original authorization. You may do so by delivering a written request to the Neuro Focus Center, LLC office.

FOR MORE INFORMATION OR TO REPORT
A PROBLEM

If you have any questions and would like additional information, you may contact the Neuro Focus Center, LLC office. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services.