

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. Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have a right to adequate notice of the uses and disclosures of your protected health information ("PHI") (i.e., information that discloses your identity or leads to disclosure of your identity) that may be made by this medical practice. You are also entitled to notice of your rights and the duties of this practice with respect to your personal health information.

Our practice reserves the right to change this Notice in the future.

Our commitment to your privacy

We respect your right to privacy and understand that your medical information is personal to you. In order to provide medical services to you, we create paper and electronic records about your health and the care we provide. Your personal health information is confidential and this notice is intended to help you understand how our practice uses and discloses your personal health information and what rights you have with respect to your medical information.

We are required by law to maintain the confidentiality of your health information. We realize that these laws are complicated, but we must provide you with the following important information:

How We May Use and Disclose Your Information

Medical Treatment. We may need to share information about you in order to provide medical care to you. For example, we may share information with other physicians, nurses or healthcare professionals entering information into your medical records relating to your medical care and treatment. We may share information about you including x-rays, prescriptions and requests for lab work.

Payment. We may need to disclose information about the treatment, procedures or care our practice provided to you in order to bill and receive payment for services we provided. We may share this information with you, an insurance company or any third party responsible for payment.

Healthcare Operations. In order to help us run our practice more efficiently and provide better patient care, we may use and disclose your personal health information to Business Associates who need to use or disclose your information to provide a service for our medical practice, such as our billing company - HPMI or software vendors who provide assistance with data management on our behalf.

Public Health Activities/Risks. Your medical information may be disclosed to a public health authority that is authorized by law to collect or receive such information for public health activities.

Research. Under certain circumstances, our practice may use or disclose your personal health information for research purposes. Our practice may, if the authorization requirement has been waived by a Review Board who has assessed the effect of the research protocol on your privacy rights and interests and certified that there are adequate controls in place to protect your information from improper use and disclosure. We will make all attempts to make your information non-identifiable, but we may not always be able to guarantee this. If however, the researcher will have access to information that will identify you, we will seek to obtain your permission (though we cannot guarantee this).

To Avert Serious Threat to Health or Safety. If our practice believes, in good faith, that a use or disclosure of your medical information is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, we may disclose your medical information.

Worker's Compensation. We may release medical information about you for work-related illness or injury for workers' compensation or other related programs.

Health Oversight Activities. Your personal health information may be disclosed to federal, state or local authorities as part of an investigation or government activity authorized by law.

Law Enforcement. We may disclose your personal health information to law enforcement individuals if we are required to do so by law. We may also disclose medical information about you in compliance with a court order, warrant or subpoena or summons issued by the court.

Coroners, Medical Examiners and Funeral Directors. We may release personal health information to a coroner or medical examiner for the purposes of identification, determining cause of death or other duties as authorized by law. We may also release medical information to funeral directors as necessary to carry out their duties with respect to the deceased.

Organ, Eye, Tissue Donation. If you are an organ donor, we may disclose your personal health information to organ procurement organizations, or other entities that facilitate tissue donation or transplantation.

Inmates. If you are an inmate of a correctional institution or within the custody of law enforcement officials, we may disclose medical information about you to the correctional institution.

Other uses and disclosures will be made only with your written authorization and you may revoke your authorization at any time.

Health Information Exchange

This practice is participating in the Hoag Health Information Exchange (HIE), an electronic system through which it and other participating healthcare providers can share patient information according to nationally recognized standards and in compliance with federal and state law, that protects your privacy. Through the HIE, your participating providers will be able to access information about you that is necessary for your treatment, unless you choose to have your information withheld from the HIE by personally opting out from participation.

If you choose to opt out of the HIE (that is, if you feel that your medical information should not be shared through the HIE), we will continue to use your

medical information in accordance with this Notice of Privacy Practices and the law, but will not make it available to others through the HIE.

To opt out of the HIE, please contact the Hoag Director of Health Information Exchange in writing at One Hoag Drive, Newport Beach, CA 92663, or by telephone at 949-764-8722.

Patient Rights Regarding Your Health Information

Right to Receive Personal Health Information Confidentially. You have the right to receive confidential communications of your personal health information by alternate means or at alternate locations. For example, if you would like for us only to communicate with you at home, and never at your workplace or to send information to you on your workplace e-mail, you may request this of our practice. You must make this request in writing but do not need to disclose the reason for your request. We will attempt to accommodate all **reasonable** requests. Please be specific as to how or where you wish us to communicate with you.

Right to Inspect and Copy. You have the right to inspect and copy your medical record that has been created to treat you and is used to make decisions about your care. This includes medical and billing records, but not including psychotherapy notes. Records related to your care may also be disclosed to an authorized person such as a parent or guardian upon proper proof of a legitimate legal relationship. You must submit your request in writing to inspect and copy your records. If you would like to copy your records, our practice may charge you fees for the cost of copying records, mail or other minimal costs associated with your request. (Ask for form Appendix A from reception desk.)

Right to Amend. If you think there is information in your record that may be inaccurate or incomplete, you have the right to request an amendment or clarification of information in your record. Your request to make an amendment to your record must include the following and may be refused if the following elements are not met: 1) Submit your request in writing. 2) Describe what you would like the amendment to say and your reasoning for why the change should be made. 3) The amendment must be dated, signed by you and notarized.

Please note that we will not change information created by third parties, if the information is not part of the medical information kept by our practice or we believe the information you provided to us is inaccurate or incomplete. We reserve the right to deny your request if we have reason to believe the information is accurate. (Ask for form Appendix B from reception desk.)

Right to Restrict Uses and Disclosures. You have the right to request restrictions on how our practice makes certain uses and disclosures of your personal health information for treatment, payment or healthcare operations. You may restrict how much information we may provide to family members regarding your treatment or payment for your care. You may also restrict certain types of marketing materials related to your care or treatment. **We are not required to agree to your request or we may not be able to comply with your request, but we will do all that we can to accommodate your request. If we agree to your request, we must comply. However, if the information is required to provide emergency treatment to you, we will not comply.** Your request must be in writing (Ask for form Appendix C from reception desk.)

Right to an Accounting of Uses and Disclosures. You have the right to receive an accounting of the disclosures of your personal health information that our practice makes for purposes other than treatment, payment or healthcare operations. All requests must be submitted in writing. All requests must be for disclosures dated **AFTER April 14, 2003**. All requests must state a time period **not longer than six (6) years back**. One request in a twelve-month period will be provided to you at no charge. We may charge you a fee for all additional requests within a twelve-month period. We will notify you as to the cost of fulfilling your additional request and allow you the opportunity to modify it before fees are due.

All requests should be submitted to the reception desk for appropriate processing. (Ask for form Appendix D from reception desk.)

Right to Copy of Notice. You have the right to obtain a copy of our notice of privacy practices upon request at any time. Please call us at 949-759-8001 for a copy or ask for a copy at the reception desk.

Complaints. If you have any complaints regarding our privacy practices, please address your complaint to **JOHN P. CARROLL** in writing and follow the designated complaint process. If you believe your privacy rights may have been violated or you become aware of a privacy concern you would like to report to our practice, please follow this complaint process:

1. Send a written letter to the practice contact named above, including the following information:
 - a. Name and Address
 - b. Social Security Number or Patient Identification Number
 - c. Detailed description of the circumstances surrounding your complaint including dates, times and any relevant information to help us understand your complaint.
 - d. Contact information
 - e. Signature and Date
2. Please allow fourteen (14) business days for an answer from our practice regarding your complaint.
3. If you are not satisfied with our response to your complaint, you may notify the Secretary of the Department of Health and Human Services.

Please note, all concerns or complaints regarding your personal health information are important to our practice. There will be no retaliation against you for filing a complaint with our office.

Additional Privacy Protections. Our practice is committed to protecting your privacy and for the proper use and disclosures of your personal health information. For example, if we treat patients with particularly sensitive conditions, even though the law allows us to disclose the information for various reasons, we will not do so unless required by law.

Electronic Notice. We are also required to prominently post our Notice of Privacy Practices on our medical practice Website. You can find this notice at: **www.nbneuro.com**

Date of Last Revision. October 19, 2013

Effective Date. Immediately.