

# NOTICE OF PRIVACY PRACTICES

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

**PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

## OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect January 1, 2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make significant change in our privacy practices we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us by using the information listed at the end of this notice.

## USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose healthcare information about you for treatment, payment and healthcare operations. For example:

**Treatment:** We may use or disclose your healthcare information to a physician or other healthcare provider who is providing treatment to you. Such as a referring physician or consulting specialist.

**Payment:** We may use and disclose your healthcare information to obtain payment for services we provided to you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence and qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training program accreditation, certification licensing or credentialing activities.

## YOUR AUTHORIZATION

In addition to our use of your health information for treatment, payment and healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization we cannot use or disclose your health information for any reason except those described in this Notice.

**To Your Family and Friends:** We must disclose your health information to you as described in the Patient Right section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you have indicated that we may do so. Such as all persons listed as parents,

guarantors or alternate contacts.

**Persons Involved In Care:** We may use or disclose health information to notify or assist in the notification (identifying or locating) of a family member, your personal representative or other person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions or samples, medical supplies, x-rays or other similar health information.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voice mail messages, postcards or letters).

## **MARKETING HEALTH RELATED SERVICES**

We will not use your health information for marketing communications without your written authorization.

## **REQUIRED BY LAW**

We may use or disclose your health information when we are required by law.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may also disclose to authorized federal officials health information required for lawful Intelligence, counter Intelligence, and other National Security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

## **PATIENT RIGHTS**

**Access:** You have the right to look at or get photocopies of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so.

You must make a request in writing to obtain access to your health information. You may obtain a form to request access to your health information, by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. Photocopies will be charged at \$0.60 per page, \$20 per hour for staff time to locate and copy your healthcare information, and postage if they are mailed to you. If you request an alternate format, we will charge a cost-based fee, similar to the previous, for providing your health information in the format you prefer. We will prepare a summary or an explanation of your health information for an additional fee, to include record review, preparation and transcription. You may contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

**Disclosure Accounting:** You have the right to receive a list of Instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations, and certain other activities since April 14<sup>th</sup>, 2003, but not before that date. If you request this accounting more than once, in 3-12 month periods, we may charge you a reasonable cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restriction on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, k

we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or locations, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We are not required to agree to this request but will provide an explanation of declination.

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances.

### **CONCLUSION OF NOTICE**

If you want more information about our privacy practices or have questions or concerns, please contact us. You may use the contact information listed at the end of this Notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or by alternative location, you may complain to us by using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S.

Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**Contact Officer:** Office Manager

**Telephone:** (702) 796-5505  
(Management Option)

**Fax:** (702) 732-9830

**Address:** Neurology Specialists  
& Trevor Nogueira, M.D.  
2020 E. Desert Inn Road  
Las Vegas, NV 89109