

NeuroCare Center, Inc.
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN HAVE ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding Your Health Record/Information

Whenever you visit a hospital, physician, or healthcare provider, you are establishing a healthcare record with that provider. Your healthcare record contains notes about your visit, including such things as your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. Your health care or medical record serves many purposes.

- It may be used to plan your care and treatment.
- It may be used to obtain payment from a third-party, such as an insurance company or Medicare and Medicaid.
- It is a means of communication among the many health professionals who contribute to your care.
- It is a legal document describing the care you received.
- It is a means by which you or a third-party payer can verify that services billed were actually provided.
- It may be used as a tool in educating health professionals or a source of data for medical research.
- It may be a source of information for public health officials.
- It may be a source of data for facility planning and marketing.
- It may be a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy. It also helps you to understand who may access your health information and under what conditions, and it helps you to make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

The physical record of your health is the property of the healthcare practitioner or facility that compiled it. However, the underlying information belongs to you. You have the right to:

- Request restrictions on certain uses and disclosures of your information, however we do not have to comply with your request.
- Receive a paper copy of the notice of information practices.
- Inspect and obtain a copy of your health record, except in limited circumstances (you will be charged a reasonable fee for copying)
- Request amendment to your healthcare record.
- Obtain an annual accounting of certain disclosures of your health information (you will be charged for additional accountings)
- Request communications of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

We do not have to honor your request for restrictions on activities that are otherwise allowable under law.

WE WILL ACCOMMODATE REASONABLE REQUESTS TO DIRECT COMMUNICATION TO AN ALTERNATE LOCATION OR TO MAKE COMMUNICATION BY ALTERNATE MEANS. WE WILL ACCOMMODATE REASONABLE REQUESTS TO RESTRICT DISCLOSURE TO OTHER PARTIES (NON-HEALTHCARE PROFESSIONALS) DIRECTLY INVOLVED IN YOUR CARE.

ANY REQUEST FOR RESTRICTIONS ON USE OR DISCLOSURE MUST BE MADE IN WRITING. WE WILL NOTIFY YOU WITHIN 30 DAYS OF OUR DECISION. WE MAY REQUEST AN ADDITIONAL 30 DAYS TO CONSIDER YOUR REQUEST.

Our Responsibilities

We are required to:

- Maintain the privacy of your health information
- Provide you with a Notice of Privacy Practices that describe our legal duties and privacy practices with respect to information we collect and maintain about you.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices at any time and to make any new provisions effective for all the protected health information we maintain. Prior to making any significant changes in our privacy practices, we will change our Notice of Privacy Practices and post the Notice in the waiting room.

We will not use or disclose your health information without your authorization, except as described in this notice.

Examples of Disclosures for Treatment, Payment, and Health Operations

We will use your health information for treatment.

For example: Information obtained by your doctor, our nurses, and any other employees of this facility is recorded in your record and is used to determine the course of treatment that should work best for you. Your doctor also documents in your record his or her expectations of recommended treatment. Individuals involved in your treatment record the actions that they take and their observations. In that way, the physician will have a more complete picture of your health.

We will also provide any subsequent physician or healthcare provider with copies of your healthcare information that should assist him or her in continuing your course of treatment.

We will use your health information for payment.

For example: We bill you or a third-party payer for payment of healthcare services rendered. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. This information is necessary in order for us to obtain payment. If necessary this may include releasing information to a collection agency.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business Associates

There are some services provided in our organization through contracts with Business Associates, such as billing services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do, such as billing you or your

third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information, and we will only disclose the minimum necessary information to our Business Associates. The Business Associate is obligated to protect your information in the same manner as we do.

Notification

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family

Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research

We may disclose information to researchers without your authorization when such disclosure has been approved by an institutional review board. Under certain circumstances, we may use health information to identify potential participants for research or educational programs.

Other Uses and Disclosures Allowable or Required under law.

Funeral Directors

We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing

We may contact you to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may use health information to identify potential participants for research or educational programs.

Food and Drug Administration (FDA)

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Appointment Reminders

We may use and disclose health information to contact you with reminders of scheduled appointments.

Public Health

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Corrective Institution

If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof information necessary for your health and the health and safety of other individuals.

Law Enforcement

We may disclose health information for law enforcement purposes or in response to a valid court order of subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

OTHER USES AND DISCLOSURES WILL BE MADE ONLY UPON YOUR WRITTEN AUTHORIZATION. You have the right to revoke such authorization, in writing, except where we have previously taken action in reliance on your prior authorization or if the authorization was a condition to obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Privacy officer at 330-494-2097.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the secretary of Health and Human Services. There will be no retaliation for filing a complaint. The Privacy Officer can provide you with the appropriate address upon request.

Our Legal Duty

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

Effective Date: 4/14/03