

NOTICE OF PRIVACY PRACTICE FOR MEADOWBROOK NEUROLOGY GROUP

Effective March 1, 2003

This notice describes how medical information about you may be used and disclosed and how to get access to this information. Should you have any questions regarding this notice, you may contact our privacy officer at: 1650 Huntingdon Pike, Meadowbrook, Pa. 19046 or call (215)938-7730.

YOUR PROTECTED HEALTH INFORMATION

Meadowbrook Neurology Group (MNG) is required by the federal privacy law (HIPPA) to maintain the privacy of your health information that is protected under this rule and to provide you with notice of our legal duties and our practice's privacy policies with respect to your Protected Health Care Information. We are required to abide by the terms of the notice currently in effect. However, the terms of this notice may change from time to time.

Your Protected Health Information (sometimes called PHI) is any information that relates to (1) your past, present, and future physical or mental health condition, (2) the provision of health care to you, or (3) payment for health care provided to you. This PHI is information that individually identifies you or can be reasonably used to identify you.

Your medical records and your billing records at MNG are examples of information that can be your Protected Health Information.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND OPERATIONS.

1. Treatment Purposes

This section will give you some examples of how we may use or disclose your PHI for our treatment purposes as well as the treatment purposes of other health care providers. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some examples of treatment uses and disclosures are:

During your visit in the office or the hospital, or as a result of your visit, our physicians and other staff members involved in your care may review and discuss your medical record and medical information.

- We may discuss your medical information with an outside physician to whom we have referred you for care, or who has referred you to us for care.
- We may share information with a radiology center, or other ancillary provider.
- We may share your information with hospitals.
- We will send reportable health information to the Department of Health as required by law
- We may use sign in sheets in the reception area
- We may call your name when it is time for your visit
- We may call you to confirm appointments. If you are not available and use an answering machine, we may leave a limited message on this device.
- We may share information with your pharmacist
- We may submit information to your insurance company.

2. Payment Purposes

We may use and disclose PHI with your insurance company, or any other entities as applicable to obtain payment for care that you have received or for you to receive reimbursement. We may do that by

- Sharing information to determine eligibility
- Submitting claim forms to your insurer
- Submitting information for coordination of benefits
- Mailing bills in envelopes that have our name and address
- Provide information for delinquent accounts

3. Health Care Operations

We may use and disclose your protected health information for our health care operation purposes as well as certain health care operation purposes of other health care providers and health plans

- Quality assessment and improvement activities
- Conducting training programs
- Business planning
- Health care fraud and abuse detection and compliance programs.
- Clinical trials and/or studies

USES AND DISCLOSURES FOR OTHER PURPOSES

1. Individuals involved in your care
2. Notification purposes
3. Legal requirements
4. Public health activities
5. Victims of abuse, neglect, or violence
6. Law enforcement purposes
7. Coroner and medical examiners
8. Business associates

PATIENT PRIVACY RIGHTS

1. Further restriction on use or disclosure

The patient may request that we further restrict use and disclosure of PHI to someone who is involved in their care or payment for care with a written letter and notarized signature.

2. Confidential information

The patient may request how confidential information be communicated to them by written letter and notarized signature.

3. Accounting of disclosures

The patient may request a list of persons or organizations the PHI have been released to in the past six years for a fee.

4. Inspection and copying

The patient can request inspection and copies of his/her PHI. Copies to be made at a fee of \$20.00 per request.

5. Right to amendment

The patient can request an amendment to his PHI if it is incorrect or incomplete. A written letter, notarized signature and documentation of correction is necessary.

6. Paper copy of privacy notice

The patient can receive, upon request, a patient copy of this notice.

CHANGES TO THIS NOTICE

This notice can be changed at any time and the most current notice will be posted and available

COMPLAINTS

Any complaints should be submitted to the privacy officer in writing, with no concerns of retaliation for filing a complaint.

LEGAL EFFECT OF THIS NOTICE

This is not intended to create contractual or other rights independent of those created in the federal privacy rule.

CONSENT TO USE AND DISCLOSE HEALTH INFORMATION

This consent authorizes Meadowbrook Neurology Group to use and disclose health information about you for treatment, payment, and health care operations.

Explanation of rights – Please read this before signing consent

Meadowbrook Neurology has a Notice of Privacy Practices, which describes how we use and disclose protected health information about you, and how you can access your protected health information. You may review our current notice prior to signing this consent.

We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain. You may obtain a revised notice by submitting a written request to our Privacy Officer.

You have the right to request that we restrict how your protected health information is used or disclosed to carry out treatment, payment, or health care operation. We are not required to agree to any requested restrictions. However, if we agree to a request, we are bound by the restriction.

You have the right to revoke this consent, except to the extent that we have taken action in reliance on the consent. To revoke this consent, you must submit a written revocation to our privacy officer.

Current contact information for our Privacy Officer

Practice Name: Meadowbrook Neurology Group P.C.
Attention: Privacy Officer
Address: 1650 Huntingdon Pike Suite 258
Meadowbrook, Pa. 19406
Telephone: (215)938-7730
Facsimile: (215)938-7125

CONSENT

I have read and understand the above Explanation of Rights and have been provided the opportunity to review the Notice of Privacy Practices for Meadowbrook Neurology prior to signing this consent. Meadowbrook Neurology is authorized to use and disclose information about _____, for purposes of treatment, payment, and health care operation in accordance with its Notice of Privacy Practices.

Signature of patient, guardian, or personal representative.

Date