

This Notice of Privacy Practices tells you how we may use and disclose your protected health information to treat you, bill for the care we provide and operate our practice in a business-like manner. It also explains when we may use and disclose your protected health information to comply with various laws. "Protected Health Information" ("PHI") is your individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health plan, your employer, or a health care clearinghouse that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present, or future payment for the provision of health care to you. PHI also includes genetic information about you. We are required by law to maintain the privacy of your PHI and to provide you with this Notice of Privacy Practices with respect to our use and disclosure of your PHI. In addition, we are required to notify you in the event the security of your unsecured PHI has been breached. We are required to abide by this Notice of Privacy Practices, as is currently in effect.

We reserve the right to make changes to this Notice of Privacy Practices at any time. The new notice will be effective for all PHI that we already have about you as well as any PHI we receive in the future. The revised Notices of Privacy Practices will be available on our website and in the office. Alternatively, we will make a paper copy of our current Notice of Privacy Practices available to you upon your request.

1. Uses and Disclosures of Protected Health Information

Your PHI may be used and disclosed by our physicians, our staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of our practice. NOVA Neurology Center will limit its own uses and disclosures of PHI to the minimum amount of information necessary to accomplish the purpose at hand.

The following is a summary of the circumstances under which and purposes for which your PHI may be used and disclosed without your specific authorization:

Uses and Disclosures of Protected Health Information for Treatment, Payment and Healthcare Operations

Treatment: We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. We may disclose and/or share your PHI including electronic disclosure with other health care professionals who provide treatment and/or service to you and we will use and disclose your PHI for e-prescribing purposes. For example, your PHI may be disclosed to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may use 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 waiting room when your physician is ready to see you.

Payment: We may use and disclose your PHI so that we can collect payment from you, your insurance company, other entities, or another third party for the treatment and health care services you receive at NOVA Neurology Center. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend and have provided for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities and prior authorizations. For example, we often are required to provide written medical documentation to support services provided to you.

Healthcare Operations: We may use and disclose your PHI in order to support the business activities of our practice. These activities include, but are not limited to, incorporate PHI into electronic medical records; quality assessment activities; patient safety activities; activities designed to improve health or reduce health care costs; protocol development, case management and care coordination; employee review activities; training of medical students, other health care professionals and non-health care professionals; accreditation, licensing and credentialing; compliance reviews and auditing; legal services; business development and planning; and other business management and general administrative activities. We may disclose your PHI to other health care entities for their health care operations, for example, to your health insurer for its quality review and audit purposes. We may disclose your PHI to third party "business associates" that perform various activities (e.g., billing, testing) for NOVA Neurology Center. Whenever an arrangement between our office and a business associate involves the use and/or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use and/or disclose your PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use and/or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Appointment Reminders: We may use and disclose your PHI to remind you of recommended services, treatment or scheduled appointments.

Other Permitted and Required Uses and Disclosures of Protected Health Information for Public Policy Purposes

We may use and/or disclose your PHI in the following situations:

Required by Law: We may use and disclose your PHI to the extent that such use or disclosure is required by law.

Public Health: We may use and disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information.

Food and Drug Administration: We may disclose your PHI 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.

Legal Proceedings: We may disclose your PHI in the course of any judicial or administrative proceeding, or in response to an order of a court or administrative tribunal to the extent such disclosure is expressly authorized. We may disclose your PHI in response to a subpoena, discovery request, court order or other lawful process.

Law Enforcement: We may disclose your PHI for law enforcement purposes, such as: (1) legal processes and otherwise required by law, (2) pertaining to victims of a crime, (3) suspicion that death has occurred as a result of criminal conduct, (4) in the event that a crime occurs on the premises of the practice, and (5) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose your PHI to a coroner, medical examiner, or funeral director for identification purposes, as appropriate.

Research: We may disclose your PHI to researchers doing studies based on existing medical records or using existing records to plan a study involving patient treatment when their research has been approved by an institutional review board, which has reviewed the research proposal and established protocols to ensure the privacy of your PHI. If you agree to participate in research involving treatment, you will also be asked to sign an authorization to allow the researcher to use PHI gathered in the study.

Imminent Threats: Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Military Activity and National Security: When the appropriate conditions apply, we may use and/or disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military and security purposes.

Workers' Compensation: We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official.

Disclosures to the U.S. Department of Health and Human Services: Under the law, we must make disclosures on request to the Secretary of the Department of Health and Human Services ("HHS") to help HHS determine whether we are operating in compliance with federal laws that protect the privacy of your health information.

Other Uses and Disclosures of Protected Health Information:

Any other uses and disclosures of your PHI not otherwise described in this Notice of Privacy Practices, including the sale of your PHI or the use of your PHI for marketing purposes, will be made only with your written authorization. You may revoke your authorization, in writing, at any time, except to the extent that we have taken action in reliance on such authorization, or, if you provided the authorization as a condition of obtaining insurance coverage, and other law provides the insurer with the right to contest a claim under the policy.

2. Your Rights

Access: Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian). We will provide access to health information in a form/format requested by you. There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form. Contact our Privacy Officer at the address below for a copy of the request form. Once approved, an appointment can be made to review your records. Access to your health information in electronic form (if readily producible) may be obtained with your request. If for some reason we aren't capable of an electronic format, a readable hardcopy will be provided. We may charge a reasonable fee which covers our costs for labor, supplies and postage. Please contact our office for an explanation of our fee structure. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

Right to Request Restriction of PHI: If you pay in full out of pocket for your treatment, you can instruct us in writing not to share information about your treatment with your health plan for purposes of payment or operations, if it is not otherwise required by law or needed to provide emergency treatment.

Amendment: You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your protected health information. It does not include disclosures made for treatment, payment, health care operations, disclosures you authorize or other disclosures for which an accounting is not required under HIPAA. To request an accounting of disclosures, you must submit your request in writing to our Privacy Officer at the address below. Your request must state a time period which may not be longer than six years from the date of your request. Your request should indicate in what form you want the list (for example on paper or electronically). If for some reason we aren't capable of an electronic format, a readable hardcopy will be provided.

3- QUESTIONS AND COMPLAINTS

If you believe your privacy rights have been violated by us, you may file a complaint with our practice or with the Secretary of Health and Human Services. To file a complaint with our practice, contact our Privacy Officer at the address below. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint. If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer at the address below.

You have the right to obtain a paper copy of this notice of privacy practices from us at any time.

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HOW TO CONTACT US:

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