



NOTICE OF PRIVACY PRACTICES

NEUROTEST OF NEW YORK PLLC

**As required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Effective date: 06/01/2021

WHO WILL FOLLOW THE TERMS OF THIS NOTICE

All healthcare professionals, employees, students, volunteers and other personnel authorized to access your medical record.

YOUR MEDICAL INFORMATION

This notice applies to the information and records we have about you, your health, and the services you receive at our practice. Your medical information may include written, electronic, or verbal about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescription, and billing. We are required by law to provide you this notice. The notice will describe how we may use and disclose your medical information and your rights and our obligations regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways we may use and disclose your medical information.

- **Treatment.** We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to doctors, nurses, technicians, staff or other personnel who are involved in taking care of you and your health.
- **Health care operations.** We may use and disclose medical information about you for health system operations. For example, we may use your information to review our treatment and services, to assess the care and services we offer and to educate health care professionals or trainees.
- **Business Associates.** We may disclose your health information to contractors, agents and other associates who need information to assist us in carrying out our business operations. Our contracts with them require that they protect the privacy of your health information.
- **Appointment Reminders.** In the course of providing treatment to you, we may use your health information to contact you (e.g. by phone or postcard) with a reminder that you have an appointment for treatment or services.
- **Health-related Benefits and Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend health-related benefits, services or treatment alternatives that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, and insurance company or third party. We may need to tell your insurance plan about a treatment you are going to receive to obtain prior authorization or to determine payment. We may release medical information about you to a friend or family member who is involved in your care or payment of your care. In the event a bill is overdue, we may need to give your health information to a collection agency as necessary to help collect the bill or may disclose an outstanding debt to credit reporting agencies.
- **Incidental Disclosures.** Disclosures of your information may occur during or as an unavoidable result of otherwise permissible uses or disclosures of your health information. For example, during the course of your treatment, other patients in the area may see or overhear discussion of your health information despite using reasonable safeguards.
- **Personal Representatives.** We may disclose your health information to your personal representative who has authority to act on your behalf under applicable law.

SPECIAL SITUATIONS

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

- **Required by Law.** We will disclose health information about you when required to do so by federal, state, or local law.
- **Research.** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.
- **Organ Tissue Donation.** If you are an organ donor, we may release health information to organization that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.
- **Military, Veterans, National Security and Intelligence.** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.
- **Worker's Compensation.** We may release health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medication or problems with products.
- **Health Oversight Activities.** We may disclose health information to a health oversight agency for audits, investigation, inspection, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights law.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order, subpoena or other lawful process.
- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **Information Not Personally Identifiable.** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- **Sale of Protected Health Information.** We may only sell your protected health information in very limited circumstances without your written authorization, such as if the covered entity is sold.
- **Protective Services for the President and Others.** We may disclose health information about you to authorized federal officials for the provision of protective services to the President, foreign heads of state or certain other persons.
- **National Security and Intelligence Activities.** We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities required by law.
- **Family and Friends.** We may disclose health information about you to your family members or friends if we obtain your verbal and/or written agreement. You also have the right to list any person(s) who you do not want us to disclose your personal health information to. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room or the hospital during treatment or while treatment is discussed. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X-rays.

ELECTRONIC HEALTH CARE RECORDS

Some of your medical information may be created and/or stored in an electronic format. When permissible for valid purposes (e.g. providing treatment or billing for services) your health care providers may access your medical information electronically.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You may ask to inspect and to receive copies of medical information that may be used to make decisions about your care, including your medical and billing records. You must submit a written request to (the office manager or compliance

officer) in order to inspect and or copy records of your health information. We may charge a fee for the costs of copying, mailing or other supplies associated with your request for copies. You have a right to request a copy of your health information in electronic form if we store your health information electronically. We may deny your request to inspect and/or copy your records or parts of your record in certain limited circumstances (i.e. non-payment). If your request is denied, you may ask that the denial be reviewed. Another licensed health care professional who we choose will review your request and the denial. The person conducting the review will not be the person who denied your request. You have additional rights to appeal a denial to the New York State Department of Health.

Right to Amend. If you believe your medical information is incorrect or incomplete, you may ask us to amend the information for as long as we maintain the information. Your request must be made in writing to the office manager. We may deny your request for amendment if your request is not in writing or does not include a reason to support the request. In addition, we may deny or partially deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information that we keep
- You would not be permitted to inspect or copy
- Is accurate and complete

If your request to amend your record is denied, you have the right to have certain information related to your requested amendment included in your records. These rights will be explained to you in the written denial notice.

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 medical information about you for the purposes other than treatment, payment, health care operations, when specifically authorized by you and a limited number of special circumstances involving national security, correctional institutions and law enforcement. To obtain this list, you must submit your request in writing to the office manager. It must state a time period, which may not be longer than 6 years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional list, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You have the right to request a limit on the health information we disclose about you to someone who is involved in your care or payment of it, like a family member or friend. We are **not required** to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to use or disclose the information.

You have the right to restrict disclosure of your medical information to your health plan for payment when you make a written request and pay for the services out-of-pocket in full prior to or at the time of service, or if you make payment arrangements at the time of service that are complied in a timely manner. We are **required** to agree to your request. There may be instances where we are required to release this information if required by law.

Right to Request Confidential Communications. You may request that we communicate with you about medical matters in an alternative way or at an alternative location (for example, you may wish to be contacted at work rather than at home). Your request must specify how or where you wish to be contacted. You need to provide a reason for your request. Reasonable requests will be accommodated.

Right to Breach Notification. You have the right to be notified of a breach of your unsecured protected health information, with a few limited exceptions. A breach is defined as unauthorized acquisition, access, use or disclosure of protected health information in a manner not permitted, unless there is a low probability that the privacy or security of your protected health information has been compromised.

Right to Paper Copy of this Notice. You may obtain a copy of this notice on our website, or you may also request a paper copy of this notice at the office.

Changes to this Notice

WE RESERVE THE RIGHT TO CHANGE THIS NOTICE, AND TO MAKE THE REVISED OR CHANGED NOTICE EFFECTIVE FOR MEDICAL INFORMATION WE ALREADY HAVE ABOUT YOU AS WELL AS ANY INFORMATION WE RECEIVE IN THE FUTURE. WE WILL POST THE CURRENT NOTICE AT OUR LOCATION(S) WITH ITS EFFECTIVE DATE ABOVE. WE WILL INFORM YOU OF ANY SIGNIFICANT CHANGES TO THIS NOTICE.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us your authorization to use or disclose medical information about you, you may revoke that permission, in writing, at any time. However, we are unable to take back any disclosures we have already made with your permission. Your health information may also be disclosed to the Secretary of Department of Health and Human Services for the purpose of investigating or determining Neurotest of New York Medical PLLC compliance with HIPAA. If you have any concerns about the uses of your medical information, please feel free to discuss the issues with your health care provider. If you have questions about this notice, contact our office at 212-547-0738.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services at: Office for Civil Rights Region. To file a privacy-related complaint with us, contact our office manager at 212-547-0738. You will not be penalized for filing a complaint.