

NOTICE OF PRIVACY PRACTICE

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.

We Have a Legal Duty to Protect Health Information about You

We are required by law to protect the privacy of health information about you and that can be identified with you, which we call “protected health information,” or “PHI” for short. We must give you notice of our legal duties and privacy practices concerning PHI:

- We must protect PHI that we have created or received about your past, present, or future health condition; health care we provide to you; or payment for your health care.
- We must notify you about how we protect PHI about you.
- We must explain how, when and why we use and/or disclose PHI about you.
- We may only use and/or disclose PHI as we have described in this Notice.

This Notice describes the types of uses and disclosures that we may make and gives you some examples. In addition, we may make other uses and disclosures which occur as a byproduct of the permitted uses and disclosures described in this Notice. If we participate in an “organized health care arrangement” (defined in subsection B.3 below), the providers participating in the “organized health care arrangement” will share PHI with each other, as necessary to carry out treatment, payment or health care operations (defined below) relating to the “organized health care arrangement”.

We may Use and Disclose PHI about you without Your Authorization in the Following Circumstances

1. We may use and disclose PHI about you to provide neurotherapy treatment to you.

We may use and disclose PHI about you to provide, coordinate or manage your neurotherapy and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your neurotherapy program with other health care providers. For example, we may use and disclose PHI about you when consultation is needed with your designated physician or other designated health care providers such as a Neurologist about your neurotherapy or QEEG.

2. We may use and disclose PHI about you to obtain payment for services.

Old Market Neurotherapy does not accept insurance. Please call your insurer to learn if “psychotherapy by any biofeedback modality” is covered under your policy. If you are able to submit a request for reimbursement, we can provide a statement indicating payment services received including diagnostic and procedural (CPT) codes. Please submit any reimbursement request directly to your insurer. **Old Market Neurotherapy** cannot guarantee that any portion of our fees will be covered by a particular insurer. Sharing information allows us to help you ask for coverage under your plan or policy so that you can request reimbursement for payments you make to us for our services. We may share portions of medical information about you with insurance companies, health plans and their agents which provide you coverage, or agencies or individuals who have referred you to **Old Market Neurotherapy** and/or who may be paying for your treatment here.

3. We may use and disclose PHI about you for health care operations.

We may disclose PHI about you for the “health care operations” involved in your neurotherapy or QEEG to improve the quality, efficiency and costs of these services or to evaluate and improve the performance of providers.

4. We may use and disclose PHI under other circumstances without your authorization

We may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

- When the use and/or disclosure is required by law.
 - When the use and/or disclosure is necessary for public health activities.
 - When the disclosure relates to victims of abuse, neglect or domestic violence.
 - When the use and/or disclosure is for health oversight activities.
 - When the disclosure is for judicial and administrative proceedings.
 - When the use and/or disclosure relates to decedents. For example, we may disclose PHI about you when the use and/or disclosure are to avert a serious threat to health or safety.
 - When the use and/or disclosure relates to specialized government functions

5. You can object to certain uses and disclosures.

With your permission, we may share with a family member, relative, friend or other person identified by you, any PHI directly related to that person’s involvement in your neurotherapy program or payment for your care.

6. We may contact you to provide appointment reminders.

We may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment or testing.

7. We may contact you with information about treatment, services, products or health care providers.

We may use and/or disclose PHI to manage or coordinate your testing or neurotherapy services including informing you about treatments, services, products and/or other healthcare providers.

**ANY OTHER USE OR DISCLOSURE OF PHI
ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION**

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing.

You Have Several Rights Regarding PHI about You

1. You have the right to request restrictions on uses and disclosures of PHI about you.

You have the right to request in writing that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in the previous section of this Notice.

2. You have the right to request different ways to communicate with you.

You have the right to request in writing how and where we contact you about PHI.

3. You have the right to see and receive a copy PHI about you.

You have the right to request in writing to see and receive a copy of PHI contained in clinical, billing and other records.

4. You have the right to request amendment of PHI about you.

You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described above. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment.

5. You have the right to a listing of disclosures we have made.

You have the right to receive a written list of certain of our disclosures of PHI about you. You may ask for disclosures made up to six (6) years before your request. We are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For health care operations
- Made to or requested by you, or that you authorized
- Occurring as a byproduct of permitted uses and disclosures
- Made to individuals involved in your care, for directory or notification purposes.
- Allowed by law when the use and/or disclosure relates to certain specialized government functions.

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure

6. You have the right to a copy of this Notice.

You have the right to request a paper copy of this Notice at any time.

7. You May File a Complaint about Our Privacy Practices.

If you think we have violated your privacy rights, you can contact the person listed below or send a written complaint to the United States Secretary of the Department of Health and Human Services. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

U.S. Department of Health and Human Services-Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
877-696-6775 (toll-free)

By your signature, _____, you acknowledge receipt of the Notice of Privacy Practices. If requested, a written copy will be provided.