

## NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

### **Please review this carefully**

**Neurodiagnostics INC d/b/a Lexington Diagnostic Center (LDC)** is required by law to maintain the privacy of Protected Health Information (PHI) and to provide individuals with notice of its legal duties and privacy practices with respect to PHI.

This Notice describes how we may use or disclose your PHI for various purposes. It also describes your rights to access and control your PHI. PHI is information about you that may identify you and relates to your past, present or future physical or mental health or condition and related health services.

LDC is required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain. Upon your request, we will provide you with any revised Notice of Privacy Practices by contacting the Privacy Officer at the end of this document.

### **Uses and Disclosures of PHI for Treatment, Payment and Healthcare Operations**

Your PHI may be used and disclosed by our physician, our office 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 healthcare bills and to support the operation of this practice.

The following are examples of the types of uses and disclosures of your PHI that the practice is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that has already obtained your permission to have access to your PHI. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. We will also disclose PHI to other physicians who may be treating you. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the information to treat you.

In addition, we may disclose your PHI from time to time to another physician or healthcare provider (e.g. a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your healthcare diagnosis or treatment to your physician. Finally, we may use and disclose PHI for the treatment activities of another healthcare entity or provider.

**Payment:** Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan or motor vehicle company may undertake before it approves or pays for the healthcare services we 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. We may also use and disclose PHI for the payment of activities of another healthcare entity or provider. If you have asked us to bill your motor vehicle company, we will use and/or disclose your PHI to obtain payment. We may use or disclose your PHI on your behalf to request assistance from the Kentucky Department of Insurance for payment activities relating to your motor vehicle accident and insurance carrier.

**Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of this practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing and marketing, conduction other business activities, and reviewing the competence of healthcare professionals.

For example, we may disclose your PHI to interns, students or residents involved in our office. In addition, we use a sign-in sheet at the reception desk where you will be asked to sign your name. Further, we will call your name in the waiting room. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We use surveys for the purpose of monitoring and improving our practice operations. These surveys are voluntary and do not include your PHI. If you write your name on the survey, you give us permission to disclose the results of the survey to your referring physician.

We will share your PHI with third party "business associates" that perform various activities (e.g. billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

We may use or disclose your PHI, as necessary, to provide you with information about health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.

### **Uses & Disclosures That May be Made without Your Written Authorization**

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke such an authorization at any time, in writing, except to the extent that the practice has already released these records.

### **Uses and Disclosures That May be Made Unless You Object**

We may also use and disclose your PHI in the following instances. In these instances you have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, they your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this cause, only the PHI that is relevant to your healthcare will be disclosed.

**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 healthcare. 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 or disclose 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.

### **Disclosures That May be Made Without Your Authorization or Opportunity to Object**

We may use or disclose your PHI in the following situations without your authorization. These situations include:

**Required By Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

**Public Health:** We may 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. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your PHI, as 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 PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your PHI to public officials who are authorized by law to receive reports of abuse, neglect or domestic violence.

**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, biological 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 PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement:** We may also disclose PHI for law enforcement purposes. These law enforcement purposes include (1) legal processes otherwise required by law, (2) requests for limited information for identification and location purposes, (3) requests pertaining to victims of a crime, and (4) alerting law enforcement officials when (a) there is suspicion that death has occurred as a result of criminal conduct, (b) in the event that a crime occurs on the Practice's premises, or (c) a medical emergency exists (not on the Practice's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may also disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**Threatening Activity:** 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. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Dept. of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conduction national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** Your PHI may be disclosed by us, as authorized, to comply with workers' compensation laws and other similar legally established programs.

**Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and, when required, by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the privacy standards applicable to your PHI.

### **Your Rights Regarding Your Protected Health Information**

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

If you were referred by a doctor for this test, your report is available to you after your doctor has discussed the results with you. You have the right to inspect and receive a copy of your PHI. The first copy is free and the second set is \$1.00/page (50¢/page for workers' compensation cases). This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your physician and the practice use for making decisions about you. However, under federal law 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 PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. The practice is not required to agree to a restriction that you may request. If the practice does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with us. Request restrictions by writing the Privacy Officer, at the end of this document.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You have the right to have our physician amend your PHI. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices, as well as disclosures made pursuant to your authorization. It also excludes disclosures we may have made to your family members or friend involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us.

### **Making a Complaint**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer for further information about the complaint process: **Margaret Hancock, Administrator, 1725 Harrodsburg Road, Suite 100, Lexington, KY 40504, (859) 278-7226.**