



Comprehensive Neurology and Sleep Medicine, P.A.

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION CONCERNING YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.
PLEASE REVIEW CAREFULLY

This notice describes our organization's practices and those of all employees. When this notice refers to "us" or "we", it is referring to Comprehensive Neurology and Sleep Medicine and each of its entities.

REGARDING YOUR MEDICAL INFORMATION

We understand that medical information about you and your health is personal, and we are committed to protecting this information. We create a medical record of care and services in order to provide you with quality care and comply with legal requirements. This notice applies to all of the medical records regarding your care that are generated or received by Comprehensive Neurology and Sleep Medicine (CNSM).

This notice will explain ways in which we may disclose medical information about you (your protected health information).

The law requires:

1. Any medical information that identifies you to be kept private and only be used or disclosed as described by this notice or applicable law.
2. That we provide to you this notice pertaining to our legal duties with respect to your medical information and to obtain written acknowledgement from you of its receipt.
3. That we follow the terms of the notice that is currently in effect.

USE AND DISCLOSURE OF MEDICAL INFORMATION

Below is a list of different ways that we use and disclose medical information and a brief explanation.

- Treatment – we will use and disclose your medical information to provide you with medical treatment or services and to other health providers who are involved in your medical care.
- Payment – we will use and disclose your medical information so that treatment and services you receive can be billed to an insurance company, a government agency such as Medicare and Medicaid or a third party.
- Operations – we may use your medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- Treatment alternatives – we may use your medical information to tell you about or recommend possible treatment options that may be of interest to you.
- Reminders – we will use medical information about you to contact you in an effort to provide appointment reminders for medical care.
- Research – under some circumstances we will use and disclose your medical information for research purposes.
- Business Associates – some services are contracted with business associates. To protect your medical information, we require the business associate to appropriately safeguard your information.
- We will disclose your medical information if required by federal, state or local law.

- Threat to your health and safety – we will use and disclose your medical information to prevent a serious threat to your health and safety or to the health and safety of another person.
- We may release your medical information to a friend or family member who is involved in your medical care, has power of attorney or similar documentation provided to us. We may also release information to someone who helps pay for your care.
- Special situation – we will release your medical information for workers' compensation or similar programs, public health activities and to notify the appropriate authority if we believe you have been a victim of abuse, neglect or domestic violence.
- We will disclose your medical information if you are involved in a lawsuit or dispute with a valid court or administrative order or in the course of defending ourselves.
- We will disclose your medical information to law enforcement officials when required.
- We will disclose your medical information as necessary to assist coroners and medical examiners.

WRITTEN AUTHORIZATION

Except as described above, we will disclose your medical information only if you have provided written authorization. This written authorization may be revoked in writing at any time unless we have already taken action on your prior authorization.

You have the right to inspect and obtain a copy of your medical information that is used to make decisions about your care. This is normally limited to medical and billing records. Requests must be made in writing and a fee may be charged for the cost of copying, mailing or miscellaneous supplies.

Your request may be denied in limited circumstances. We may deny your request if we obtained information from another entity that is subject to certain confidentiality agreement and requests from an inmate at a correctional institution. You have the right to have the denial reviewed. The person conducting the review will not be the same person who denied your request. You have the right to ask us to amend your medical information if you feel it is not correct or is incomplete. This right only pertains to the information Comprehensive Neurology and Sleep Medicine has on your medical care. The request must be in writing and you must provide a reason that supports your request. If the request is denied you have the right to submit a written statement disagreeing with the denial. Your statement will be kept on file and attached to all future disclosures with the information to which it relates.

Under the Health Insurance Portability and Accountability Act (HIPAA), you have the right to an accounting of disclosures, which is a list of disclosures of medical information pertaining to you. This accounting will include the date of disclosure, name or organization receiving your medical information along with their address and a brief description of what was disclosed and for what purpose. The request must be submitted in writing. There may be an administrative charge for this accounting to cover the costs of providing the list. You will be notified of the costs involved and may then choose to withdraw or modify your request before any costs are incurred.

There are a few exceptions to this accounting of disclosures:

1. Disclosures made to you.
2. Pursuant to us obtaining your written authorization.
3. For the purpose of carrying out treatment, payment or operations.
4. That is incidental to another permissible use.
5. For national security or intelligence purposes.
6. To correctional institutions or law enforcement officers who have you in custody at the time of disclosure.
7. To a health agency or law enforcement official if requested.

You also have the right to request a limit on your medical information that we disclose about your treatment, payment or healthcare operations or to someone who is involved in your care. We will comply with your request unless the information is needed to provide emergency treatment. The request to limit your medical information must be submitted in writing and must define what information you want to limit, what you are limiting (use, disclosure or both) and to whom the limits apply.

You have the right to request or receive communications on a confidential basis by using alternative means for receipt of information or receiving information at alternative locations. All reasonable requests will be honored. You have a right to a paper copy of this Notice of Privacy Practices. We reserve the right to make revisions or changes to this notice. We will post the current notice in our waiting room.

Effective: 4/14/2003

Revised: 7/31/2003