

## Notice of Privacy Practices

### **THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This notice covers all information in our written or electronic records which concerns you, your health care, and payments for your health care. It also covers information we may have shared with other organizations to help us provide your care, get paid for providing care, or manage our administrative operations.

BARRY B. EKDOM, PH.D., P.C. dba EKDOM NEUROPSYCHOLOGY GROUP may use and disclose your protected health information (PHI) for: a. Treatment – i.e.; providing care services, sending information/coordinating care with other health care providers caring for you, ordering and obtaining off site tests/results, etc.; b. Payment – i.e.; submitting insurance claims on your behalf for treatment rendered; c. Health care operations – i.e.; internal business planning activities and quality of care evaluation.

EKDOM NEUROPSYCHOLOGY GROUP is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization, including, but not limited to: a. Disclosures required by law; b. Disclosures to avert serious threats to health or safety; c. Disclosures with reference to Workers' Compensation or Food and Drug Administration.

EKDOM NEUROPSYCHOLOGY GROUP may contact the individual to provide appointment reminders or information about treatment or other health related benefits and services that may be of interest to the individual or patient. EKDOM NEUROPSYCHOLOGY GROUP will routinely contact patients via telephone at home and/or work and, unless otherwise requested, may leave messages on the appropriate voice mail or answering service regarding appointments, test results, etc. We may also send faxes if you have designated this option.

Other uses and disclosures will be made only with the individual's written authorization, and the individual may revoke such authorization.

Our patients have the following rights regarding their protected health information: 1. The right to request restrictions on certain uses and disclosures of PHI. However, we may not agree to all requested restrictions. 2. The right to restrict disclosures to your insurance company for health care items or services for which you have paid for in full at the time of service. 3. The right to receive confidential communications of protected health information, as applicable. 4. The right to inspect and copy protected health information, as provided in the Privacy Regulation. 5. The right to amend protected health information, as provided in the Privacy Regulation. 6. The right to receive an accounting of disclosures of protected health information. 7. The right to obtain a paper copy of the Notice from the covered entity upon request. 8. The right to file a complaint if you believe your privacy rights have been violated. You will not be penalized for filing a complaint. 9. The right to receive timely notification of any breach of your unsecured protected health information.

EKDOM NEUROPSYCHOLOGY GROUP may use or disclose your health information for any purpose based on a signed, written authorization you provide us. Your signed written authorization is always required to disclose your psychotherapy notes if they exist. If we were to disclose your health information for marketing purposes, we would require your signed written authorization. In all other cases, we will not use or make a disclosure of your health information without your signed, written authorization, unless the use or disclosure falls under one of the exceptions described in this Notice. When we receive your signed written authorization, we will review the authorization to determine if it is valid, and then disclose your health information as requested by you in authorization. You may revoke this written authorization at any time.

Forms to exercise your rights can be obtained from the Office Manager or our HIPAA Compliance Officer.

EKDOM NEUROPSYCHOLOGY GROUP is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. EKDOM NEUROPSYCHOLOGY GROUP is required to abide by the terms of the Notice currently in effect.

EKDOM NEUROPSYCHOLOGY GROUP reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains. EKDOM NEUROPSYCHOLOGY GROUP will provide individuals or patients with a revised Notice by posting new regulations in the office.

If you have any questions regarding this notice or our health information privacy policies, please contact the HIPAA Compliance Officer at EKDOM NEUROPSYCHOLOGY GROUP.