



## LAWRENCEVILLE NEUROLOGY CENTER, P.A.

Neurology • Neurophysiology • Neuromuscular • Epilepsy • Stroke

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### HIPPA NOTICE OF PRIVACY PRACTICES

Effective Date: 12/11/06

It is the policy of Lawrenceville Neurology Center, P.A., that all physicians and staff preserve the integrity and the confidentiality of Protected Health Information (PHI) pertaining to our patients. The purpose of this policy is to ensure that our practice, physicians and staff hold the necessary medical and PHI of our patients to the highest degree possible. Patients should not fear about providing information to our practice and its physicians and staff for purposes of treatment, payment and healthcare operations (TPO).

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.** This Notice of Privacy Practices describes how we may use and disclose your PHI to carry out treatment, payment or health operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. "Protected health information" is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

**Uses and Disclosures of Protected Information:** Your PHI may be used and disclosed by your physician, our 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, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

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

**Payment:** Your PHI will be used as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing and conducting or arranging for other business activities. For example, we may disclose your PHI to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you of your appointments.

We may use or disclose your PHI in the following situation without your authorization. These may include: as Required By Law, Public Health issues as required by law, Communicable Diseases Health Oversight, Abuse or Neglect; Food & Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners, Funeral Directors and Organ Donation; Research; Criminal Activity; Military Activity and National Security; Workers' Compensation; Inmates; 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 requirements of Section 164.500.

**Other Permitted and Required Uses and Disclosures:** Will be made only with your consent, authorization or opportunity to object unless required by law. You may revoke this authorization at any time in writing, except to the extent that your physician or physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**Following is a statement of your rights with respect to your PHI.**

**You have the right to inspect and copy your PHI:** Under federal law, however, 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.

**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. However, if your physician believes it is in your best interest medically, to permit use and disclose of your PHI, your PHI will not be restricted.

**You have the right to request to receive confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us.**

**You have the right to have your physician amend your PHI:** If we deny your request for 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.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.** We reserve the right to change the terms of this notice and will inform you by mail or when you are at our office of any changes. You then have the right to object or withdraw as provided in this notice.