

**NOTICE OF PRIVACY PRACTICES
OF**



**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.**

Effective: April 14, 2003

If you have any questions or requests, please contact:

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Neurotherapy Associates of Texas
4232 N I-35
Denton, TX 76207
(940) 243-7586
FAX: 940-243-7524

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A. 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 are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain by first:

- Posting the revised notice in our offices;
- Making copies of the revised notice available upon request (either at our offices or through the contact person listed in this Notice); and
- Posting the revised notice on our website.

It is the general policy of the Neurotherapy Associates of Texas to obtain your written consent to release any personally identifiable information obtained on you during the course of your treatment at the Lab. However, the following exceptions apply to this general rule:

B. Neurotherapy Associates of Texas 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 about your QEEG or neurotherapy with our Consulting Neurologist, with your designated physician or your other designated health care providers.

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

Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you by Neurotherapy Associates of Texas. Before you receive QEEG or

Neurotherapy services, we may, at your request, share information about these services with your health plan(s). 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 Neurotherapy Associates and who may be paying for your treatment.

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 their providers. Examples of the way we may use or disclose PHI about you for “health care operations” include the following:¹

- *Reviewing and evaluating the skills, qualifications, and performance of staff and therapists working with you.*
- *Providing training programs for students, trainees, health care providers to help them practice or improve their skills in neurotherapy or QEEG.*
- *Assisting various people who review our activities.* For example, PHI may be seen by consultants reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with applicable laws.²
- *Conducting office management and general administrative activities related to Neurotherapy Associates of Texas and the services it provides.*
- *Resolving grievances within our organization.*
- *Complying with this Notice and with applicable laws.*

4. We may use and disclose PHI under other circumstances without your authorization or an opportunity to agree or object.

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.* For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- *When the use and/or disclosure is necessary for public health activities.* For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- *When the disclosure relates to victims of abuse, neglect or domestic violence.*
- *When the use and/or disclosure is for health oversight activities.* For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations.

- *When the disclosure is for judicial and administrative proceedings.* For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- *When the use and/or disclosure relates to decedents.* For example, we may disclose PHI about you when the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose PHI about you to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- *When the use and/or disclosure relates to specialized government functions.* For example, we may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.

5. You can object to certain uses and disclosures.

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

If you would like to object to our use or disclosure of PHI about you in the above circumstance, please call or write to our contact person listed on the cover page of this Notice.

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. This may include telling 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 by contacting the Privacy Officer at Neurotherapy Associates of Texas. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

C. You Have Several Rights Regarding PHI About You

1. You have the right to request restrictions on uses and disclosures of PHI about you.³

You have the right to request 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 subsection B.4 of the previous section of this Notice. You may request a restriction by placing your specific request in writing and submitting it to the Privacy Officer of Neurotherapy Associates of Texas at the address given at the beginning of this document.

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

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number or by email. Your request must be in writing. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative communications by notifying Clinical Coordinator or the Privacy Officer of Neurotherapy Associates of Texas.

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

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to see and receive a copy of PHI by contacting the Clinical Coordinator or Privacy Officer of Neurotherapy Associates of Texas.

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 in paragraph 3 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment. You may request an amendment of PHI about you by contacting the Clinical Coordinator or the Privacy Officer of Neurotherapy Associates of Texas.

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

If you ask our contact person in writing, 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 (not including disclosures made prior to April 14, 2003). 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, or for other purposes described in subsection B.5 above
- Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations (please see subsection B.4 above) and
- As part of a limited set of information which does not contain certain information which would identify you

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. If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by contacting the Clinical Coordinator or the Privacy Officer of Neurotherapy Associates of Texas.

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 by contacting Neurotherapy Associates of Texas Privacy Officer. We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services, and then we will provide the Notice to you as soon as possible).

D. You May File A Complaint About Our Privacy Practices

If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you can contact the person listed below:

Richard E. Davis, M.S., LPC
4232 N I-35
Denton, TX 76207
Ofc 940-243-7586 fax 940-243-7524
Email: Richard@ntatx.com

You may also 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.

E. Effective Date of this Notice

This Notice of Privacy Practices is effective on April 14, 2003.

Client Acknowledgement

I acknowledge that Neurotherapy Associates of Texas has provided me with a written copy of the Notice of Privacy Practices. This notice describes how clinical information including identity, presenting problems, medications and treatment may be used and disclosed.

I also acknowledge that I have read the Notice of Privacy Practices and have had an opportunity to ask questions.

Client Printed Name

Client Signature

For minors, the parent or legal guardian must sign:

I affirm that I am the legal guardian of _____ (client's name).

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Neurotherapy Associates of Texas
Staff Signature

Date

Neurotherapy Associates of Texas
CONSENT TO USE OR DISCLOSE INFORMATION
FOR TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS

The Client hereby consents to the use or disclosure of his/her individually identifiable health information ("protected health information") by the Neurotherapy Associates of Texas in order to carry out treatment, payment, or health care operations. The Client should review Neurotherapy Associates of Texas' Notice of Privacy Practices for Protected Health Information for a more complete description of the potential uses and disclosures of such information, and the Client has the right to review such Notice prior to signing this consent form.

Neurotherapy Associates of Texas reserves for itself the right to change the terms of its Notice of Privacy Practices for Protected Health Information at any time. If Neurotherapy Associates of Texas does change the terms of its Notice of Privacy Practices, the Client may obtain a copy of the revised Notice by requesting it from the Privacy Officer or Clinical Coordinator.

The Client retains the right to request that Neurotherapy Associates of Texas further restrict how his/her protected health information is used or disclosed to carry out treatment, payment, or health care operations. Neurotherapy Associates of Texas is not required to agree to such requested restrictions; however, if it does agree to Client's requested restriction(s), such restrictions are then binding on Neurotherapy Associates of Texas.

At all times, the Client retains the right to revoke this Consent. Such revocation must be submitted to Neurotherapy Associates of Texas in writing. The revocation shall be effective *except* to the extent that Neurotherapy Associates of Texas has already taken action in reliance on the Consent.

Neurotherapy Associates of Texas may refuse to treat Client if he/she (or an authorized representative) does not sign this Consent Form. If Client (or authorized representative) signs this Consent Form and then revokes Consent, Neurotherapy Associates of Texas has the right to refuse to provide further treatment to Client as of the time of revocation.

I HAVE READ AND UNDERSTAND THIS INFORMATION. I HAVE RECEIVED A COPY OF THIS FORM AND I AM THE CLIENT OR AM AUTHORIZED TO ACT ON BEHALF OF THE CLIENT TO SIGN THIS DOCUMENT VERIFYING CONSENT TO THE ABOVE STATED TERMS.

Date: _____

Witness

Signature of Client

Please Print Signature

Please Print Signature

Person Signing for Client*

Please Print Signature

*Please explain Representative's Relationship to Client and include a description of Representative's Authority to act on behalf of the Client:

Shared/genlab/hipaa/hipaaconsentform-treatment
