

NOTICE OF PRIVACY PRACTICES

Effective: September 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Each time you visit Advanced Neurologic Associates, Inc., we make a record of the information gathered during your visit. This information is used for a number of purposes. These uses are set forth below. You have certain rights regarding this information. Your rights regarding this information are set forth below. Finally, we have certain responsibilities regarding our use of your information. Our responsibilities are set forth below.

USES AND DISCLOSURES OF HEALTH INFORMATION

We are permitted by law to use your health information to provide treatment to you. For example, we will provide your physician and our other clinicians involved in your care and treatment with the information in our records to assist the physician in providing proper care to you. We will also provide this information to subsequent health care providers. These individuals may create additional information related to the care and treatment they provide you.

We are permitted by law to use your health information to obtain payment for our services. For example, we may send your insurance company or other payor a bill that may include your health information.

We are permitted by law to use your health information to perform our regular healthcare operations. For example, we may use your health information to assess the quality of care we provide in order to maintain our standards.

In addition to these uses and disclosures, we may use your information to contact you to provide appointment reminders to you or to advise you of treatment alternatives available to you. In order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you.

We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using pre-recorded / artificial voice messages and / or use of an automatic dialing device as applicable.

We are permitted, and in some cases required, by law to make certain other disclosures of health information without your consent. We may disclose your health information, if appropriate, to the following entities under the following circumstances:

To public health agencies to satisfy certain reporting requirements, such as births and deaths, certain communicable diseases, child abuse, and other public health issues;

To health oversight agencies, such as governmental auditors, the Ohio Department of Health, and other agencies when required;

To any individual when ordered by a court or other legal process to do so;

To law enforcement officials when necessary for law enforcement purposes and required by law;

To a coroner or medical examiner when necessary to enable them to perform their duties;

To organ procurement organizations, to enable them to make suitability determinations; in cases of emergency;

To researchers if their research has been approved by an institutional review board and they take certain steps to protect your privacy;

When otherwise required by law.

We will not use your information for any other purpose without your written authorization. A written authorization is required, for example, to disclose records to your employer for fitness for duty or other purposes. You have the right to revoke any authorization you provide us.

YOUR INDIVIDUAL RIGHTS

You have certain rights regarding your health information. These rights include:

- the right to obtain a paper copy of this notice;
- the right to inspect and copy your health information (copies are available for a reasonable fee);
- the right to request amendments to your health information you believe to be inaccurate;
- the right to obtain an accounting of our uses and disclosures of your health information, subject to certain exceptions;
- the right to request restrictions on our permitted uses and disclosures of your information (although we are not legally obligated to honor this request, unless the request related to disclosure to a health plan of information pertaining to items and services for which you have paid in full);
- the right to request that communications regarding your health information be sent by alternative means or at alternative locations.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your information in accordance with this notice. We are also required to provide you with this notice explaining our legal duties and privacy Advanced Neurologic Associates, Inc. regarding your health information and to notify you of any breach of unsecured protected health information. We are required to abide by the terms of this notice.

We reserve the right to change the content of this notice and to make new provisions regarding your protected health information. We will provide you a revised notice during your first visit after the revisions are effective.

If you have any questions regarding this notice or wish to exercise any of your rights as described herein, you may contact Patrick McNea at Advanced Neurologic Associates, Inc. 5433 State Route 113 East, Bellevue, OH 44811. Any complaints regarding your rights or our policy can also be directed to Patrick McNea at Advanced Neurologic Associates, Inc. 5433 State Route 113 East, Bellevue, OH 44811. In addition, you can file a complaint with Steven Benedict, MD, the Compliance Director at Advanced Neurologic Associates, Inc. 5433 State Route 113 East, Bellevue, OH 44811. Finally, you can submit a complaint to the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.