

## NEWTON-WELLESLEY NEUROLOGY

### NOTICE OF PRIVACY PRACTICES

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

#### UNDERSTANDING YOUR HEALTH RECORD INFORMATION

Each time you visit a hospital, physician or other healthcare provider, a record of your visit is made. Typically this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many healthcare professionals who contribute to your care. Understanding what is in your medical record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

We at **Newton-Wellesley Neurology** pledge to provide you with the highest quality of care and to build a relationship that is based on trust. This trust includes our commitment to respect the privacy and confidentiality of your health information.

This Notice of our Privacy Practices is being given to you because federal law gives you the right to be told ahead of time about how **Newton-Wellesley Neurology** will handle your medical information.

#### 1. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)

When you need health care, you give information about yourself and your health to doctors, nurses, and other health care workers and staff. This information, along with the record of care you receive, is “protected health information” (or “health information”). This information is kept in a paper form such as your medical record and in an electronic form on the computer.

**(A) Newton-Wellesley Neurology uses and discloses (shares) health information for many different reasons.** For some of these uses and disclosures, we will need to obtain prior written authorization (permission). However, **Newton-Wellesley Neurology** may legally use or disclose your health information for treatment, payment, and health care operations. We do not need to receive prior authorization for uses and disclosures described within the following categories:

**For treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose (share) medical information about you to other doctors and health care providers involved in your care.

**For payment.** We may use and disclose (share) your health information in order to bill and collect payment for the treatment and services provided you. If you have health insurance, information on or accompanying the bill may include a portion of your health information that identifies you, as well as your diagnosis, procedures, and supplies used for treatment. The insurance company uses the information to tell if you are eligible for benefits or if the services you received were medically needed for payment purposes. We may also provide your health information to our business associates, such as a billing company, claims processing companies, and others that process our health care claims.

**For health care operations.** We may also share your health information with outside parties (“business associates”) who perform services on behalf of **Newton-Wellesley Neurology**. These business associates must agree to keep your health information private. Examples of activities that make up health care operations include; legal counsel, transcription, storage, auditing, and consulting services.

- (B) Appointment reminders and health related-benefits or services.** We may use your health information to contact you about test results, remind you of scheduled appointments with your physician, inform you as to dates and times of scheduled tests, or with other health-related benefits and services.

**The use of the internet (specifically e-mail) is a great convenience. If you choose to contact your physician by electronic mail, you need to be aware that the internet is not secure, and that the privacy of information transmitted by e-mail cannot be guaranteed.**

- (C) We may disclose (share) your health information to others without your consent in certain situations.** Example: If you need emergency treatment, or if you are unable to communicate with us (unconscious or in severe pain). In each of these situations we will try to get your consent. But, if you are unable to agree or disagree to consent and if we think you would consent if you were able to do so, we will disclose health information without consent.

**(D) Other Specific Uses and Disclosures that DO NOT REQUIRE YOUR CONSENT.**

- (1) When disclosure of health information is required by federal, state, or local law, administrative or legal proceedings, health oversight activities, or by law enforcement.** Examples of some required reporting include; health information about victims of abuse, neglect, or domestic violence: patients with gunshot and/or other wounds. In addition we disclose health information when ordered in a legal or administrative proceeding.
- (2) For public health activities.** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. Example, we report information about births, deaths, and various diseases to the government officials in charge of collecting that data consistent with applicable law to carry out their duties.
- (3) For business associates.** There are some services provided in our practice through contracts with business associates. Examples include physical and/or occupational therapy, testing done outside of our practice, referral to other specialists. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have requested them to do and, bill you or a third party payer for services rendered.
- (4) To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide health information to law enforcement personnel or persons able to prevent or lessen such harm.
- (5) For specific government functions.** We may disclose health information of military personnel and veterans in certain situations. And we may disclose health information for national security purposes, such as protecting the president of the United States or conducting intelligence operations.
- (6) For worker's compensation purposes.** We may provide health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs.

**All Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situation not described in section 1 (A) through (D), we will ask for your written authorization before using or disclosing any of your health information.

2. **OUR LEGAL DUTIES TO PROTECT YOUR HEALTH INFORMATION**

**Newton-Wellesley Neurology** is required by law to make sure that medical information that identifies you is kept private and provide you with this notice that explains our privacy practices and how, when, and why we use and/or disclose (share) your health information. We are required to follow the terms of the Notice currently in effect. However, we reserve the right to change our privacy policies and the terms of this notice at any time. Any changes will apply to the health information we already have. Before any important policy change goes into effect, we will change this Notice, the new Notice will be posted on our web site and in a clearly visible location within our practice site(s) for public viewing. You may request a copy of this notice at any time from our Privacy Officer and you can view a copy of the notice on our Web site at [www.nwneurology.com](http://www.nwneurology.com).

3. **YOUR HEALTH INFORMATION RIGHTS:**

Unless otherwise required by law your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- (A) **Request Limits on Uses and Disclosures of Your Health Information:** You have the right to ask for restrictions on the use and disclosure (sharing) of your health information for treatment, payment, or health care operations. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. **You may not limit the uses and disclosures that are legally required or allowed to be made.**
- (B) **The Right to See and Get Copies of Your Health Information:** In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request, in writing. We will respond within thirty (30) days from the receipt of your request. If your request is denied, we will inform you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you ask for information we do not have, but we know where it is, we must tell you where to direct your request. Only one copy of your PHI will be supplied free of charge. Any additional copies will be assessed a \$0.25 per page copying fee.
- (C) **The Right to Receive an Accounting of Disclosures (a record of when and to whom, your health information was shared without your authorization).** You have the right to obtain a list of the instances in which we have shared your health information. You must make this request in writing. You may request as far back as six years, **beginning April 14, 2003**. The listing you get will include the date, name, and address (if known) of the person or organization receiving it. It may also include a brief description of the information given, a brief statement on why the information was shared, or a copy of the written request for the information.

The list will not include uses or disclosures that you have already consented to, such as those made for the treatment, payment, or health care operations. The list also will not include uses or disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 14, 2003.

We have 60 days to respond to your written request. If we do not act on your request within the 60 days, we will notify you that we are extending the response time by 30 days. We will explain the delay in writing and give you a new date of when to expect a response. We will provide this list at no charge, but if you make more than one request in the same year, we will charge you \$10.00 for each additional request.

- (D) **The Right to Correct or Update your Health Information.** If you believe that there is a mistake in your health information or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We have 60 days to respond to your request. We may deny your request, in writing, if the health information is; (I) correct and complete, (II) not created by us, (III) not allowed to be disclosed, or (IV) not part of our records. Our written denial will state the reasons for the denial and explain your rights to file a written statement of disagreement with the denial. If you do not file a written statement of disagreement, you have the right to ask that your request and our denial be attached to all future disclosures of your health information.

#### 4. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you feel that **Newton-Wellesley Neurology** may have violated your privacy rights or you disagree with a decision we made about access to your health information, you may file a complaint with our Privacy Officer. You also may send a written complaint to either;

Office for Civil Rights - Region I Office :

Office for Civil Rights  
U.S. Department of Health and Human Services  
Government Center  
J.F. Kennedy Federal Building – Room 1875  
Boston, Massachusetts 02203

Or to the

Secretary of the Department of Health and Human Services  
200 Independence Avenue  
S.W. Washington, D.C. 20201  
Or e-mail the HHS Secretary at [HHS.MAIL@HHS.GOV](mailto:HHS.MAIL@HHS.GOV)

**Newton-Wellesley Neurology** will take no retaliatory action against you if you file a complaint about our privacy practices.

#### PERSON TO CONTACT FOR INFORMATION

If you have any questions about this notice, you may contact our privacy officer:

Rebecca L. Cross  
Practice Manager  
617-928-1500  
[RLCROSS@PARTNERS.ORG](mailto:RLCROSS@PARTNERS.ORG)