

Privacy Notice

Health Information Practices

This notice describes how your Protected Health Information (PHI) may be used and disclosed and how you may get access to your health information. Please read this document carefully.

I. Introduction

At Dent Neurologic Institute, we are committed to treating and using your protected health information responsibly. This Privacy Notice of Health Information Practices describes the personal information we collect, how and when we use or disclose that information and how you may get access to this information. It also describes your rights as they relate to your protected health information. This notice is effective April 14, 2003.

II. Understanding Your Health Record/Information

Each time you visit the Dent Institute, a record of your visit is made. This record contains your symptoms, examination and test results, diagnoses, and a treatment plan for future care or treatment. This information, often referred to as your health or medical record, serves as a means to conduct business for your treatment, the payment of your treatment and the health care operations at the Dent Institute.

Understanding what is in your 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 disclosure to others.

III. Examples of Disclosures for Treatment, Payment and Health Operations

Treatment: We will use your health information for treatment.

Example: Information obtained by a nurse, physician, or other member of your health care team will be written in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your referring physician or a subsequent health care provider with copies of various reports that will assist him or her in treating you.

Payment: We will use your health information for payment.

Example: A bill may be sent to you or a third-party payor. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. Your PHI may be disclosed to another healthcare provider for their payment activities.

Health Operations: We will use your health information for regular health operations.

Example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide. Your PHI may be disclosed to another healthcare provider so they can perform their healthcare operations as long as you and the other healthcare provider have a treatment relationship.

IV. Other Disclosures of Personal Health Information

Business Associates: There are some services provided in our organization through contacts with business associates.

Examples include information technology consultants and vendors, lawyers, a transcription service we use and financial auditors. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose your health information to notify or assist in notifying a family member, personal representative or another person responsible for your care, your location and general condition.

Communication with family: Using their best judgment, our health professionals may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Disaster Relief: We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist with disaster relief activities.

Research: We may disclose information for research studies when an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of your health information. Only limited data will be provided and not include identifiable information such as your name, address, Social Security number, etc.

Appointment Reminders and Treatment Alternatives: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Abuse or Neglect: We may disclose your PHI to the appropriate authorities if our physicians reasonably believe that you have been a victim of domestic violence, neglect or abuse.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement. We may disclose your PHI to any person subject to the FDA.

Correctional Facilities or Inmates: We may disclose your health information to a correctional institution or law enforcement official if you are an inmate in a correctional institution. The reasons for disclosure may include the need for the information to provide healthcare services to you, your health and safety and the safety of the correctional institution.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: 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.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Judicial and Administrative Proceedings: We may disclose your PHI for legal proceedings, in response to an order of a court or administrative tribunal or where an individual was a party to the proceeding and his or her medical condition or history was at issue and the disclosure is pursuant to lawful process or otherwise authorized by law.

Health Oversight Activities: We may disclose your PHI to a health oversight agency for oversight activities authorized by law, including audit, investigation, inspections, licensure or disciplinary actions; civil, criminal or administrative proceedings or other appropriate activity necessary for the oversight of health care systems, government benefit programs for which health information is relevant to beneficiary eligibility or government regulatory programs and in compliance with civil rights laws.

Military Services: For certain reasons, we may disclose your health information for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission.

National Security: We may disclose your health information for conducting lawful intelligence activities under the National Security Act.

V. Authorization

We will not use or disclose your health information without your authorization, except as described in this

notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

VI. Your Health Information Rights

Although your health record is the physical property of Dent Neurologic Institute, the information belongs to you. You have the right to:

Obtain a paper copy of this notice of information practices. By requesting at the Reception Desk, calling our Customer Service Team at (716)250-2000 or visiting our website at www.dentinstitute.com.

A copy of your health record. Your request must be in writing and sent to Dent Neurologic Institute. We will respond to your request within 10 days of your request. You will be charged \$0.75 per page.

Amend incorrect or incomplete protected health information in your health record. You can contact the Team Leader of Medical Records at (716)250-2049 or the site Team Leader at the time of your appointment.

Obtain an accounting of disclosures of your health information. The Dent Institute maintains a list of any disclosure of your PHI. You may contact the Team Leader of Medical Records at (716)250-2049 for this information.

Request communications of your health information by alternative means or at alternative locations. We will mail or email to you any requests for your health information. Please call the Medical Records Team Leader at (716)250-2049 to indicate where you would like your health information sent. In order to verify proper identification, your request will need to be in writing, include information that clearly identifies you, the information to be disclosed, the entity the information is to be sent to, an expiration date and your signature before releasing your health information.

Request a restriction on certain uses and disclosures of your information. Please contact the Team Leader of Medical Records at (716)250-2049 for any requests for restriction on use or disclosure of your health information. The Medical Records Team Leader will assist you with filling out the required authorization that restricts disclosure of your health information. The Dent Institute is not required to agree to your requested restriction and if we do agree, we will abide by that restriction.

Revoke your authorization to use or disclose health information except to the extent that action has already been taken. Please contact the Team Leader of Medical Records at (716)250-2049 for any requests for restriction on use or disclosure of your health information. The Team Leader will assist you with filling out the required acknowledgement form that restricts disclosure of your health information.

VII. Our Responsibilities

Dent Neurologic Institute is required to maintain the privacy of your health information by ensuring all employees are trained and follow the policies of Dent Institute regarding protected health information as outlined in the Privacy Rule.

We are required by law to maintain your privacy and to provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. At your first visit to the Dent Institute, you will be provided a copy of our Privacy Notice. If you would like our Privacy Notice at anytime, you may visit our website at www.dentinstitute.com or call our Customer Service area at (716)250-2000.

Abide by the terms of this notice. The Privacy Officer of Dent Neurologic Institute is responsible to maintain and ensure the physicians; providers and employees of the Dent Group adhere to all policies that support the Privacy Rule.

Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post our new revised policy in our offices and you are entitled to request this notice.

VIII. For More Information, Questions or to Report a Problem

If you have questions and would like additional information, you may contact the Dent Neurologic Institute's Compliance Specialist at 716-250-3095.

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer of Dent Neurologic Institute at the address listed below or with the Office for Civil Rights, U.S. Department of Health and Human Services at the address listed below. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights (OCR). The address for the OCR is listed below:

Correspondence to the Government:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Correspondence to the Dent Neurologic Institute

Dent Neurologic Institute
3980 Sheridan Drive / Suite B
Amherst, New York 14226
Attn: Privacy Officer