

Neuropsychology Associates, Inc.
Child, Adolescent, and Adult Neuropsychologists

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 READ CAREFULLY.

I. Neuropsychology Associates, Inc. has a legal duty to safeguard your protected health information (PHI). Neuropsychology Associates, Inc. is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We are also required by law to keep your information private. These laws are complicated, but we must give you this important information. This notice explains how Neuropsychology Associates, Inc. uses and shares your protected health information (PHI). Neuropsychology Associates, Inc. is required by law to protect the privacy of PHI and to provide you with this notice and follow the privacy practices described in it. PHI includes information that Neuropsychology Associates, Inc. creates or receives about your past, present, or future physical or mental health or condition, the provision of health care to you, and/or the payment for health care provided to you. Neuropsychology Associates, Inc. may change the terms of this notice and our privacy practices at any time. Any changes we make will apply to the PHI we already have, as well as to any new PHI created or received. If Neuropsychology Associates, Inc. changes our practices, we will promptly change this notice and post it in our main reception area.

II. How Neuropsychology Associates, Inc. may use and share your PHI. Neuropsychology Associates, Inc. may use and share PHI for many different reasons. Below we describe the different reasons and give some examples.

A. Use of PHI for treatment, payment or health care operations. Neuropsychology Associates, Inc. may use and share PHI in order to bill and collect payment for the treatment and services provided to you. For example, Neuropsychology Associates, Inc. may share PHI with your health plan to get paid for the health care services we provided to you. Neuropsychology Associates, Inc. may also share PHI with billing companies and companies that process our health care claims.

B. Reports required by law. Neuropsychology Associates, Inc. will disclose PHI when we are legally required to do so by federal and/or state law. For example, Neuropsychology Associates, Inc. may use PHI to make mandatory reports to various government agencies about suspected child or elderly abuse and/or neglect.

C. Health oversight. Neuropsychology Associates, Inc. may disclose your PHI to government agencies authorized by law to license, audit, inspect, or investigate health care providers and the health care system.

D. To avoid harm. Consistent with state law, Neuropsychology Associates, Inc. may report PHI to the police or other appropriate persons, in order to avoid a serious threat to the health or safety of a person or the public.

E. Legal proceedings. Neuropsychology Associates, Inc. may disclose PHI pursuant to a valid court order, search warrant and, under certain circumstances, in response to a subpoena or other discovery request.

III. When you may object to Neuropsychology Associates, Inc.'s use or disclosure of PHI. When Neuropsychology Associates, Inc.'s use or disclosure of PHI requires your prior written authorization. Neuropsychology Associates, Inc. must ask for your written authorization for any use or disclosure of PHI not described in the above sections. If you authorize Neuropsychology Associates, Inc. to use or disclose your PHI, you can later withdraw the authorization and stop any future use or disclosure of your PHI based on it. You can remove an authorization by written request to: Neuropsychology Associates, Inc., 345 Blackstone Blvd., PO Box 603102, Providence, RI 02906

A. Your right to request limits on Neuropsychology Associates, Inc.'s use of PHI. You may ask that Neuropsychology Associates, Inc. limits how we use and share your PHI. We will consider your request, but are not legally required to agree to it. If Neuropsychology Associates, Inc. agrees to your request, we will follow your limits, except in emergency situations (see above).

B. Your right to choose how Neuropsychology Associates, Inc. sends PHI to you. You may ask that Neuropsychology Associates, Inc. sends information to you at a different address (for example, to your work address rather than your home address) or by different means. Neuropsychology Associates, Inc. will agree to your request as long as we can easily provide the information in the way you requested.

C. Your right to view and get a copy of PHI. You have the right to view or obtain a copy of your PHI.

D. Your right to a list of the disclosures Neuropsychology Associates, Inc. has made. You have the right to get a list of the disclosures Neuropsychology Associates, Inc. has made of your PHI. Neuropsychology Associates, Inc. will report disclosures made within the six years prior to your request, unless you request a shorter timeframe. However, Neuropsychology Associates, Inc.'s obligation to account for disclosures begins with disclosures made after April 12, 2003. There may be a fee associated with the request. For a list of disclosures, you must submit a request to: Neuropsychology Associates, Inc., 345 Blackstone Blvd., PO Box 603102, Providence, RI 02906.

E. Your right to correct or update your PHI. If you feel that there is a mistake in your PHI, or that important information is missing, you may request a correction. Your request must be in writing and include the reason for the request. Your request must be made to: Neuropsychology Associates, Inc., 345 Blackstone Blvd., PO Box 603102, Providence, RI 02906. Neuropsychology Associates, Inc. may deny your request for a variety of reasons. If Neuropsychology Associates, Inc. denies your request, we will inform you in writing of the reason(s) for the denial and explain your rights regarding responding to the denial. If Neuropsychology Associates, Inc. agrees to your request, we will change your PHI, inform you of the change, and tell others who need to know about the change to your PHI.

F. Your right to a paper copy of this notice. You have the right to a paper copy of this notice. You may request a paper copy at any time.

G. Person to contact for information about this notice or to file a complaint about Neuropsychology Associates, Inc.'s privacy practices. If you have any questions about this notice, wish to file a complaint about Neuropsychology Associates, Inc.'s privacy practices, feel that Neuropsychology

Associates, Inc. has violated your privacy rights, or disagree with a decision Neuropsychology Associates, Inc. has made about your PHI, contact: Jennifer Hellmuth, Ph.D., Neuropsychology Associates, Inc., 345 Blackstone Blvd., PO Box 603102, Providence, RI 02906, (401) 455-0221. You may also send a written complaint to The Secretary of the U.S. Department of Health and Human Services. Neuropsychology Associates, Inc. will not retaliate against you for filing a complaint. Effective date of this notice. This notice is in effect as of April 14, 2003 and supersedes any and all prior versions of this notice.

By signing below, I acknowledge that I have been provided with a copy of the Neuropsychology Associates, Inc. Notice of Privacy Practices. I, therefore, been advised of how private health information about me/my child may be used and disclosed by Neuropsychology Associates, Inc., and how I may obtain access to and control this information.

Signature of Patient, Parent or Guardian

Print Name of Patient, Parent or Guardian

Date

Designate if Signed by Patient, Parent or Guardian