

Humboldt Neurological Medical Group, Inc.

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 IT CAREFULLY.

Uses and Disclosures: We will use and disclose elements of your protected health information (PHI) in the following ways:

Without your signed authorization:

- Treatment: Licensed healthcare provider for diagnosing and treating a patient, hospital, pharmacies, etc.
- Payment: Insurance companies, workman's compensation, third party payers and professional review organizations, etc.
- Health Care Operations: Staff evaluations regarding patient care, any situation where patient care affects the everyday running of office procedures, etc.
- When release is required by law, including in judicial settings, to health oversight regulatory agencies and law enforcement.
- In emergency situations or to avert serious health/safety situations.
- To medical examiners, coroners or funeral directors to aid in identifying you OR to help them in performing their duties.
- To organ, tissue and other donation organizations, upon or proximate to your death, if we have no indication on hand about your preferences (or a positive indication).
- To contact you about appointment reminders and other health-related benefits and services.
- To the sponsor of your health plan.
- Organized Health Care Arrangements: information will be shared as necessary with St. Joseph's Hospital-including the General

Hospital campus, the Rehabilitation Unit, and the Sleep Lab, Redwood Memorial Hospital, Mad River Community Hospital, and Sutter Coast Hospital. The Hospitals and caregivers may have access to PHI in their facilities to assist in reviewing past treatment as it may affect treatment at this time.

- All other uses and disclosures by us will require us to obtain from you a written authorization in addition to any other permission you will provide us.

Your Rights: You have the following rights concerning your PHI:

Restrictions: To request restricted access to all or part of your PHI. To do this, you must submit a Request for Restriction on Use/Disclosure of Medical Information to the Medical Records person.

Confidential Communications: To receive correspondence of confidential information by alternate means or location, for example, you may ask that we only contact you by mail or only phone you at work, etc. To do this, you must complete and submit the Request for Restriction on Use/Disclosure of Medical Information to the Medical Records person. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Access: To inspect or receive copies of your PHI. To do this, you must schedule an appointment, you get access within five days of the request, we will provide copies only (no originals) or the physician will dictate a chart summary. There will be a charge for this based on the time spent and the amount of copying done.

Accounting: To receive an accounting of disclosures by us of you PHI. To do this, you must submit your request in writing to the medical records person. It must state a time period, which may not be longer than six months and may not include dates before

April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or by telephone). We may charge you for the cost of providing the list

This Notice: To get updates or reissue of this notice, at your request.

Complaints: To complain to the U.S. Dept. of Health & Human Services or Humboldt Neurology if you feel that your privacy rights have been violated. To register a complaint with us, please call our office at:

(707) 443-9385

Or write to us at:

**Humboldt Neurology
2828 O'Neil Lane
Eureka, CA. 95503**

The law forbids us from taking retaliatory action against you if you complain.

Our Duties: We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice or any update of this notice.

Privacy Contact: For more information about our privacy practices, please contact:

**Office Manager
Humboldt Neurology
2828 O'Neil Lane
Eureka, CA 95503**

Effective Date: This notice is effective April 14, 2003