



Focus Neurohealth Notice of Privacy Policy

At Focus Neurohealth, we understand the importance of privacy and are committed to managing your Protected Health Information (PHI) responsibly. This Notice outlines our practices regarding your PHI, including what information we collect, how we use or disclose it, and your rights in relation to this information. This Notice is effective as of November 1, 2023, and applies to all PHI as defined by federal regulations. We encourage you to read it carefully and contact us if you have any questions or concerns.

PART 1 - UNDERSTANDING YOUR MEDICAL RECORD/HEALTH INFORMATION

Protected health information (PHI), about you, is maintained as a written and/or electronic record of your contacts or visits for healthcare services with our practice. Specifically, PHI is information about you, including demographic information (i.e., name, address, phone, etc), that may identify you and relates to your past, present or future physical and mental health condition and related healthcare services.

This notice covers the following entities providing your care: all employees, physicians, physician residents, dentists, nurses, administrative staff, social workers, nutritionists, contract staff, medical students, community health providers, affiliated physicians and other healthcare professionals providing you care through Focus Neurohealth must abide by this Notice of Privacy Practices. Focus Neurohealth may share your information with these covered entities to help them provide medical care to you.

Texas State law provides a higher level of protection for health care information and specifically limits the disclosure of certain types of PHI, including records regarding mental health, confirmed sexually transmitted disease, HIV/AIDS, and drug and alcohol treatment. Information about this type of care can only be released in accordance with those stricter laws. Minors may consent to their own treatment for family planning services, sexually transmitted disease testing/treatment, outpatient mental health treatment or outpatient alcohol and drug abuse treatment.

PART 2 - YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

Following is a statement of your rights in reference to your PHI. Please feel free to discuss any questions with our staff.

- You have the right to receive, and we are required to provide you with, a copy of the Notice of Privacy Practices. We are required to follow the terms of this notice. We reserve the right to change the terms of our notice, at any time. Upon your request, we will provide you with a revised Notice of Privacy Practices if you call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment. The Notice will also be posted in a conspicuous location within the practice, and if such is maintained by the practice, on its website.
- You have the right to authorize other use and disclosure. This means you have the right to authorize any use or disclosure of PHI that is not specified within this notice. For example, we would need your written authorization to use or disclose your PHI for marketing purposes, for most uses or disclosures of psychotherapy notes, or if we intended to sell your PHI. You may revoke an authorization, at any time, in writing, except to the extent that your healthcare provider, or our practice has taken an action in reliance on the use or disclosure indicated in the authorization.
- You have the right to request an alternative means of confidential communication. This means you have the right to ask us to contact you about medical matters using an alternative method (i.e., email, telephone), and to a destination (i.e., cell phone number, alternative address, etc.) designated by you. You must inform

us in writing, using a form provided by our practice, how you wish to be contacted if other than the address/phone number that we have on file. We will follow all reasonable requests.

- You have the right to inspect and copy your PHI. This means you may inspect, and obtain a copy of your complete health record. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable fee for paper or electronic copies as established by professional, state, or federal guidelines.

- You have the right to request a restriction of your PHI. This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You must make the request in writing to our Privacy Office and tell us what information you want to limit and to whom you want the limits to apply. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the information is needed for your treatment. In certain cases, we may deny your request for a restriction. You will have the right to request, in writing, that we restrict communication to your health plan regarding a specific treatment or service that you, or someone on your behalf, has paid for in full, out-of-pocket.

We are not permitted to deny this specific type of requested restriction.

- You have the right to request an amendment to your PHI. This means you may request an amendment of your PHI for as long as we maintain this information. In certain cases, we may deny your request.

- You have the right to request a disclosure accountability. This means that you may request a listing of disclosures that we have made, of your PHI, to entities or persons outside of our office.

- You have the right to receive a privacy breach notice. You have the right to receive written notification if the practice discovers a breach of your unsecured PHI, and determines through a risk assessment that notification is required.

If you have questions regarding your privacy rights, please feel free to contact our Privacy manager. Contact information is provided on the following page under Privacy complaints.

PART 3 - OUR RESPONSIBILITIES

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will never share any substance abuse treatment records without your written permission.

PART 4 - HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION

Focus Neurohealth uses and discloses PHI in a number of ways connected to your treatment, payment for your care, and health care operations. Your PHI may be transmitted by fax for the purpose of treatment, payment or operations. You have the right to ask that we do not transmit your information by fax. Below are some examples of how we may use or disclose your personal health information without your authorization.

- To provide treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses or other healthcare professionals involved in your care. For example, your doctor will need to know if you are allergic to any medicines. The doctor may share this information with pharmacists and others caring for you.

- To others involved in your healthcare: For example, we may need to tell a specialist about your medical conditions if we refer you to a specialist so you may receive the proper care.

- To receive payment for services we provide or to obtain insurance authorization for services we recommend: For example, if you have health insurance, we request payment from your health insurance plan for the services we provide. We may need to give your health plan information about your visit, your

diagnosis, procedures, and supplies used so that we can be compensated for the treatment provided. However, we will not disclose your health information to a third party payer without your authorization except required by law. We may also tell your health plan about your recommended treatment to get their prior approval, if that is required under your insurance plan.

For example, if you need surgery, we will call your health plan to make sure the surgery is covered and will be paid for by the health plan.

- To business associates: In some instances, we have contracted separate entities to provide services for us. These “associates” require your health information in order to accomplish the tasks that we ask them to provide. Some examples of these “business associates” might be a billing services, collection agency, answering service, and computer software/hardware provider.
- To carry out healthcare operations: For example, we may use or disclose your health information in order to manage our programs and activities. We may use your health information to review the quality of services you receive or to provide training to our staff. This includes, but is not limited to business planning and development, quality assessment and improvement, medical review, legal services, auditing functions, and patient safety activities.
- Special notices: We may use and disclose medical information to contact you by telephone or by mail as a reminder that you have an appointment for treatment or to inform you of test results.
- For research: We may use and disclose medical information about you for research purposes.
- For joint activities: Your health information may be used and shared by the Providers in furtherance of their joint activities and with other individuals or organizations that engage in joint treatment, payment or healthcare operational activities with the Providers.
- As required by law: We may use and disclose protected health information when required by federal or state law.
- For judicial and administrative proceedings: We may disclose protected health information in response to an order of a court or administrative tribunal; in response to a subpoena, discovery request, or other lawful process.
- For law enforcement purposes: We may disclose protected health information to a law enforcement official.
- For abuse reports and investigations: We may use and disclose information regarding suspected cases of abuse, neglect, or domestic violence, when the law so requires.
- To medical examiners/coroners or funeral directors: We may use and disclose protected health information consistent with applicable laws to allow them to carry out their duties.
- To comply with workers’ compensation laws: We may disclose protected health information as authorized by laws relating to workers compensation or other programs that provide benefits for work-related injuries or illness without regard to fault.
- For organ, eye, or tissue donation purposes: We may disclose protected health care information to organ procurement organizations or entities.
- For specialized government functions: We may use and disclose information to agencies administering programs that provide public benefits. For example, we may disclose information for the determination of Supplemental Security Income (SSI) benefits. We also may provide information to government officials for specifically identified government functions such as national security or military activities; or law enforcement custodial situations, such as correctional institutions.
- To avoid serious threat to health or safety: We may use and disclose protected health information when we believe it necessary to avoid a serious threat to the health or safety of a person or the general public.
- For public health and safety purposes as allowed or required by law: We may disclose protected health information to health care oversight agencies for oversight activities authorized by law.
- Disaster relief: We may use and disclose information about you to assist in disaster relief efforts.

PART 5 - HOW YOU MAY ASK FOR HELP OR COMPLAIN

You have recourse if you feel that your protections have been violated by our office. You have the right to file a formal, written complaint with the practice and with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint. Feel free to contact our Privacy Manager via writing, in person or by phone at our main number 214-540-1400