

LEXINGTON NEUROSCIENCES CENTER



NOTICE OF PRIVACY PRACTICES

Effective 02/20/09

Privacy Policy

Lexington Neurosciences Center takes seriously the privacy of our patients and visitors. New Federal regulations require that we make every patient aware of our privacy practices. This is our Notice of Privacy Practices for your information.

Each time you visit our office, a record of your visit is made. We pledge to you that we will ensure that medical information that identifies you will be kept private. We will provide you with this notice of our legal duties and privacy practices with respect to your medical information. We will provide you with contact information to refer additional questions or concerns regarding the handling of your information. We will inform you how we use and disclose medical information about your treatment, payment, or health, including who we may disclose information to and for what reasons.

How do we use or disclose your medical information?

We may use medical information about you in order to provide you with medical treatment or services. We may disclose information about you to doctors, nurses, technicians, or other medical personnel who are involved in taking care of you. We may use and disclose your medical information to bill and collect payment from you, your insurance company or a third party payer. We may use your medical information to contact you to remind you of appointments, tell you about possible treatment alternatives, tell you about health-related benefits or services, or assess your satisfaction with our services. We may release medical information about you to your legally appointed personal representative or to a designated family member who is involved in your care. We may also give information to someone who helps pay for your care. We may disclose information about you when required by law or to a health oversight agency for activities authorized by law. We may use and disclose medical information about you when necessary to prevent a serious threat to the health and safety of the public, to you, or to another person.

If you are an unemancipated minor under Kentucky law, there may be circumstances where we disclose medical information about you to a parent, guardian or other person acting in loco parentis, in accordance with our legal responsibilities.

Other uses and disclosures of medical information not covered by the Notice of Privacy Practices or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission in writing at any time.

What are your information privacy rights?

You have the right to inspect and copy your medical records. If you request a copy of your medical information, we may charge a fee for the costs of retrieving, copying, mailing and supplies associated with your request. If you are denied access to your medical information, you have the right to appeal that decision.

You do not have the right to change anything in the medical record. You do have the right to ask us to amend information that you think is incomplete or inaccurate.

You have the right to request an accounting of disclosures for a period of not longer than six years from the effective date of the Notice of Privacy Practices.

You have the right to ask us to communicate with you about your medical information in a certain way or at a certain location. We will agree to the extent that it is reasonable for us to do so. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment or payment. While we will make every effort to accommodate you, we are not required to agree to this request.

You have the right to a paper copy of the Notice of Privacy Practices.

You have the right to file a complaint. If you believe your privacy rights have been violated, you may file a written complaint with our office manager, or with the Secretary of the US Department of Health and Human Services. You will not be penalized for filing a complaint.

What are our responsibilities?

We are required by law to: 1) make sure that any medical information that identifies you is kept private; 2) give you this notice of our legal duties and privacy practices with respect to medical information about you.

We reserve the right to change this notice. We reserve the right to make the revised notice effective for medical information we already have about you and for information we receive in the future.

If questions or concerns about this Notice of Privacy Practices or disclosure of your medical information, you may call 859-255-1009 and ask for the office manager, or direct correspondence to:

ATTN: Office Manager
Lexington Neurosciences Center
2708 Old Rosebud Road
Lexington, Kentucky 40509