

Neuropsychology & Concussion Management Associates, LLC

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Notice of Policies and Practices Regarding Protection and Privacy of Patient Health Information

Not necessarily applicable when we are seeing you for legal rather than health care purposes

This notice describes how health care information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights. You have certain rights regarding your health information, and we have some responsibilities to help you. Please ask us to help you exercise any of the following rights. You can ask to see or get an electronic or paper copy of your health information record. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. You can ask us to correct health information about you that you think is incorrect or incomplete. We may deny your request, but we will tell you why in writing within 60 days and will retain any information that you want to attach to your record for any future releases. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will agree to all reasonable requests. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may decline if it would affect your care or we have other obligations that conflict. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer or other third party payer. We will honor your request from that date forward unless a law requires us to share that information. You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action. You can complain if you feel we have violated your rights by contacting us using the information at the top of this page. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Your Choices. For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to: share information with your family, close friends, or others involved in your care; share information in a disaster relief situation. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. We never market or sell personal information.

Our Uses and Disclosures. We typically use or share your health information in the following ways: to evaluate and/or treat you. We can use your health information and share it with other professionals who are treating you.

We can use and share your health information to run our practice, improve your care, and contact you when necessary. We can use and share your health information to bill and get payment from health plans or other entities. We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see NCMA Services Agreement and consent & www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Psychologists are mandated reporters in certain situations. If we know or have reasonable cause to suspect that a child under the age of 18 has been or is likely to be abused or neglected or that a vulnerable adult has been abused, neglected or exploited and is incapacitated or dependent, we are required by law to file a report to the appropriate government agency. If we determine that a patient poses a direct threat of imminent harm to the health and safety of any individual including himself/herself, we may be required to disclose information in order to take protective action(s). These actions may include notifying the potential victim, contacting the police, seeking hospitalization for the patient, or contacting family members or others who can assist in providing protection.

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law. We can share health information with a medical examiner when an individual dies. We can use or share health information about you: for workers' compensation claims; with health oversight agencies for activities authorized by law; for special government functions such as military, national security, and presidential protective services. We can share health information about you in response to a court order issued by a judge.

Our Responsibilities. 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 not use or share your information other than as described here or in the Agreement and Consent that you sign for services unless you tell us we can in writing. If you tell us we can, you may change your mind at any time, and we will honor that going forward. Let us know in writing if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Privacy official for NCMA: Sharon Adamsky, sharon@ncmamaine.com, (207) 594-2952.

Effective Date of this Notice: September 21, 2016