

PRIVACY NOTICE

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.

OUR COMMITMENT TO YOUR PRIVACY

Tri city neurology is committed to protecting your health information. We are required by law to maintain the privacy of your protected health information (PHI) and to provide you with this notice of our legal duties and privacy practices.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and share your information for the following purposes without your written authorization: To provide and coordinate your healthcare and other services. To bill and receive payment from health plans or other entities. For quality assessment, training, licensing, audits, and general operations. To comply with laws, court orders, or government regulations. To prevent disease, report adverse events, or for public health investigations. To respond to legal actions, subpoenas, or law enforcement inquiries. Coroners, To assist in identifying deceased persons or determining causes of death. To comply with laws related to work-related injuries.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION: We will not use or share your information without your written authorization for marketing, or Sale of your health information,

You may revoke your authorization at any time in writing.

YOUR RIGHTS: You have the right to get a copy of your medical record [Fees may apply to cover costs] . Request corrections to medical record, request confidential communications and to contact you in a specific way or place. You can ask us not to share certain health information, though we are not required to agree. Get a list of disclosures. Receive a copy of this notice. If you believe your privacy rights have been violated, you can file a complaint with us or with the U.S. Department of Health and Human Services.

OUR RESPONSIBILITIES: We are required by law to maintain the privacy of your health information. We will let you know promptly if a breach occurs that may compromise the privacy or security of your information. We must follow the duties and privacy practices described in this notice.

CHANGES TO THIS NOTICE: We reserve the right to change the terms of this Notice at any time. The updated Notice will be available in our office and on our website, if applicable.

CONTACT US: If you have any questions about this notice or wish to file a complaint, please contact: **Tri City neurology**

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