

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Fund Raising:** We may contact you as part of a fund-raising effort.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health:** Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

**Required by Law:** Utah Neurological Clinic may use and disclose information about you as required by law. For example, Utah Neurological Clinic may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority
- To report information related to victims of abuse, neglect or domestic violence
- To assist law enforcement officials in their law enforcement duties.

**Federal Law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.**

**Health and Safety.** Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

**Government Functions.** Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

**For More Information or to Report a Problem, or if you have questions and would like additional information, you may contact the practice's Privacy Official:**

**Neurosurgery Department:**  
Pam Happy: Phone 801-357-7404

**If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Official, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below.**

**Office for Civil Rights**  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

**Acknowledgment of Receipt of this Notice:** Utah Neurological Clinic is concerned about the privacy of our patients' health care information. We ask that you provide us with a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. Please remember the delivery of your health care service will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

*I acknowledge that I have received the Notice of Privacy Practices for Utah Neurological Clinic.*

Name of Patient (PRINT) \_\_\_\_\_

Signature of Patient  
Or Authorized Patient Representative \_\_\_\_\_

Date: \_\_\_\_\_

Office Notes: \_\_\_\_\_



# NOTICE OF PRIVACY & SECURITY PRACTICES

for  
**Utah Neurological Clinic**

**PRIVACY: Effective April 14, 2003**  
**SECURITY: Effective September 23, 2013**

Lynn M. Gaufin, MD  
Howard R. Reichman, MD  
Paul K. Gardner, MD  
David R. Glassford, FNP  
Matthew J. Badger, FNP  
Starlene Clayson, FNP

**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.**

## Introduction

This Notice of Privacy & Security Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA) and Security Standards of HIPAA (HITECH).

At Utah Neurological Clinic, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Privacy Practices describes the personal health information we collect, and how and when we use or disclose that information. This notice also describes your rights as they relate to your Protected Health Information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations. Utah Neurological Clinic uses an Electronic Health Record (EHR) to store and use your Protected Health Information. For this reason we follow the federal guidelines in regards to securing your Protected Health Information (HITECH HIPAA) effective September 23, 2013. All doctors in this clinic, although separate entities, are referred to as Utah Neurological Clinic for purposes of this notice.

## Understanding Your Health Record/Information

Each time you visit Utah Neurological Clinic, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

## Your Health Information Rights

*Although your health record is the physical property of Utah Neurological Clinic, the information belongs to you. You have the right to:*

- Obtain a paper and or an electronic copy of this Notice of Privacy & Security Practices upon request
- Inspect and obtain a copy of your health record as provided for in 45 CFR 164.524

- Request to amend your health record as provided in 45 CFR 164.526
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations 45 CFR 164.527
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, including ARRA Amendment 13405(A)
- Right to authorize non-treatment uses of health information via valid authorization
- Right to revoke your authorization to use or disclose health information except to the extent that action has already been taken
- Right to complain to entity or HHS

## Our Responsibilities

*Our practice is required to:*

- Maintain the privacy and security of your health information
- Notify you if there is a reportable breach of the privacy and security of your health information
- Provide you with this notice as to our legal duties of our privacy and security practices with respect to information we collect and maintain about you 45 CFR 164.308(a), 45 CFR 164.520
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law 45 CFR 164.508
- Maintain and secure our EHR system that pertains to your health information

Utah Neurological Clinic reserves the right to change our Privacy and Security practices and to make the new provisions effective for all protected health information we maintain. Revised notices will be available to you at this office during business hours or by mail if requested. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization. Utah Neurological Clinic as a covered entity may access data bases of other covered entities for eligibility.

## Examples of Disclosures for Treatment, Payment, and Health Operations

**For Treatment:** Utah Neurological Clinic may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers

to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to those actions.

**For Payment:** Utah Neurological Clinic may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

**For Health Care Operations:** For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

**Appointments:** Utah Neurological Clinic may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual.

**Business Associates:** There are some services provided in our organization through contacts with business associates. Examples include certain diagnostic tests, a copy service to make copies of medical records. When we use these services, we may disclose your health information to the business associates so that they can perform the functions that we have contracted with them to do and bill you or your third party payer for services provided. To protect your health information, however, we require the business associates to appropriately safeguard your information. After February 17, 2010, business associates must comply with the same federal security and privacy rules as we do.

**Directory:** Unless you notify us that you object, we may use your name, if you have been transported to a hospital or other facility, your general condition, and religious affiliation for directory purposes. This information may be provided to family members or members of the clergy and, except for religious affiliation, to other people who ask for you by name.

**Notification or Communication with Others:** Health professionals, using their best judgment, may use or disclose information to notify or assist in notifying family relatives, personal representatives, close personal friends, or other people you identify; information relevant to that person's involvement in your care or payment information related to your care.

**Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Funeral Directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.