

COASTNEURO

2 James Way, Suite 101 Pismo Beach, CA 93449

NOTICE OF PRIVACY POLICIES

This notice is required by law to inform you how we protect, use, and disclose your health information.

Whenever you visit a physician, the physician is required to make a record of that visit. This record usually includes a description of your symptoms, medical history, examination and test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, allows your treating physicians to plan your care and treatment, communicate with each other, maintain legal documentation of your medical care, and verify the services you received with third-party payers (including health insurance companies).

Except for the purposes related to your treatment, to collect payment for our services, to perform necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time. We are unable to take back any disclosure we have already made.

You have the following rights related to your medical and billing records:

Your right to be told how your doctor will use your personal health information, which includes receiving a copy of the Notice of Privacy Policies.

Your right to set limits on who gets to see your personal health information. We will ask for your written permission before releasing your personal health information, unless the release is for the purpose of treatment, payment, or healthcare operations. If we would like to share other information or you would like us to share other information, we will request a written authorization (Release of Information Request) describing what information can be released, to whom, for what purpose, and for what time period. You have the right to change your mind at any time and take back your written authorization. In the case of sensitive information, like HIV test results, your written permission is required in most situations. Unless required or permitted by law, we may not disclose mental health information to third parties without your written authorization.

Your right to control how we contact you. By filling out the Disclosure Authorization form in full, you direct where and how we contact you. We will make every reasonable attempt to comply with your request.

Your right to privacy from your employer. Though your employer may receive certain information about your health if they sponsor your employee health plan, we will ask for your written permission before we ever give your employer health information about you.

Your right to be told to whom your personal health information has been given. You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment, or healthcare operations. Disclosures that we make with your authorization will not be listed. We may charge administrative fees for disclosure lists at our discretion.

Your right to see and ask to correct information about you in your medical records. You may request to read the information about you in your medical records, and we must respond to your written request within five working days of receiving it. If we deny your request, we must tell you why. (For example, the physician could refuse if he or she thinks showing you the information may cause harm to you or to someone else.) You may request copies of your medical records (we charge a small

administrative fee for copying records). You may also ask us to add a statement to your file explaining any information that you believe is incorrect.

We reserve the following rights:

Our right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice. The new notice will be available at our front desk and on our website at www.coastneuro.com.

Our right to disclose your health information to notify family or friends about your condition when necessary. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care or your general condition. Using our best judgment, we may disclose relevant health information to a family member, other relative, close personal friend, or any other person you identify in order to facilitate the person's ability to assist in your care or make arrangements for payment of your care. We may also need to disclose your health information to funeral directors, coroners, and medical examiners consistent with applicable law to carry out their duties.

Our right to notify third-party institutions and agencies about your health information when necessary. We may disclose your health information to the extent authorized by and necessary to comply with laws relating to worker's compensation or other similar programs established by law. We may disclose your health information as required by law to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, court order, or administrative order. We may disclose to the FDA your health information relating to adverse events with respect to food, nutritional supplements, or products to enable product recalls, repairs, or replacement. We may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose your health information to authorized officials so they may provide protection to the President and other governmental leaders, or conduct special investigations. We may disclose your health information to appropriate health oversight agencies, public health authorities, or attorneys when required by law. Your health information may also be disclosed if a workforce 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.

TO FILE A COMPLAINT:

To file a complaint with our office, please write to our Privacy Office at 2 James Way, Suite 101, Pismo Beach CA 93449. You also have the right to complain to the federal Office of Civil Rights about possible violations of federal health privacy law:

Office for Civil Rights, Region IX
U.S. Department of Health and Human Services
50 United Nations Plaza, Room 322
San Francisco, CA 94102
Voice Phone (415) 437-8310