



**NOTICE OF PRIVACY PRACTICES**  
**NERVEPRO MEDICAL CORPORATION**  
Privacy Office Contact: (949)753-1882

**EFFECTIVE: 07/20/2022**

At Nervepro, we understand the importance of privacy and are committed to honoring patient provider confidentiality. We are required by law to keep detailed records to ensure the quality and continuity of your care. This notice will overview your patient rights as well as the ways we may use and disclose your protected health information (PHI). For questions or concerns regarding this notice, please contact our office directly at the number listed above.

**A. How NervePro May Use and/or Disclose PHI**

We collect the demographic, payment, and insurance information of our patients to store in our Electronic Medical Record(EMR) System. All records are property of Nervepro Medical Corporation, and considered protected health information (PHI) under the HIPPA Privacy Rule. Access to PHI is granted to patients upon submission of a proper written request, and is available 24/7 via our patient portal.

**1. Treatment**

We use your protected health information to provide quality and continuity of care. This means that we disclose your PHI to our office staff, to pharmacies, imaging centers, lab facilities, and other care teams involved in your treatment. Our office may also disclose medical information to family members of patients who are sick, injured, disabled, or deceased.

**2. Billing and Payments**

We use and disclose PHI to obtain payment, authorization, and reimbursement for services rendered by our office; We partner with an offsite billing company that accesses PHI in order to submit claims to insurances for reimbursement on our behalf. Our office may also distribute your information to other healthcare providers who have provided services to our patients.

**3. Health Care Operations (TPO)**

We may use and disclose protected health information to better educate our staff and improve quality measures. Information may also be disclosed as necessary for medical reviews, legal services, audits, compliance programs, business planning, and management purposes. We

regularly share PHI with our “business associates”, such as outside providers, our billing office, care facilities, etc. There are contracts and laws in place requiring our business associates, and any of their subcontractors, to keep your health information secure and confidential. Federal law does not protect health information disclosed by someone other than the healthcare provider, health plan healthcare clearinghouse, or one of their business associates; California law prohibits all recipients of healthcare information from further disclosing that information unless it is required or permitted by law.

#### Other Forms of TPO

Reminders for appointments, and other treatment related processes, are all covered under TPO; We may use and disclose PHI to distribute reminders or paperwork via phone, mail, or email. While in office, we follow check-in, check-out, and rooming protocols to keep our patient wait times low. Protocols may require PHI to be used and/or disclosed by our office to check-in, room, and check-out patients. Patients may be required to sign in on a sign in sheet, provide necessary personal documents, and sit in our shared waiting room. Patients' names may be called for check-in, check out, and rooming purposes; During this time, PHI may be transferred verbally by patients to our office and vice versa.

We also participate in organized healthcare arrangements (OHCA). OHCA's include hospitals, physician organizations, health plans, and other entities that collectively provide healthcare services for patients. OHCA's may use and disclose patient PHI within their networks to carry out any and all TPO. Upon receipt of a patient's written request, a list of the OHCA's we participate in will be provided in digital format or as a hard copy.

#### **4. Notification and Communication with Family**

We may use or disclose a patient's medical information to a family member, personal representative, or another responsible party in the event of an emergency or death (unless otherwise specified by the patient). If a patient is in the condition to agree or object, we will give the patient opportunity to object prior to making any disclosures; However, we may disclose this information in a disaster event, even with the patient's objection, if we feel it is vital. Our health professionals will use their best judgment while communicating with the patient's family and others. Information may also be disclosed or distributed to relief organizations in the event of disaster, emergency or death.

#### **5. Marketing and Sale of Health Information**

We did not receive any payments for marketing. However, we may initiate contact with patients to encourage them to pursue treatments, case management, care coordination, therapy, or refer them to healthcare providers that may be of interest to them. We may also describe products or services provided by our practice and inform patients of the health plans we are contracted with. We may receive financial compensation to speak with educate our patients face-to-face, provide

them with small promotional gifts, or cover the cost of providing medication information to patients that:

- Have chronic, seriously debilitating, or life-threatening conditions that require in-depth education about treatment options or adherence to protocol for the treatment prescribed.
- The patient is enrolled in a health plan, but is limited to the availability of cost effective pharmaceuticals. If we make these communications while the patient has a chronic, seriously debilitating, or life-threatening condition we will provide a notice including the source of the remuneration , and inform the patient of their right to opt out of remunerated communications by calling the communicators toll-free number.

Other than what is listed, we will not use or disclose any protected health information for marketing purposes or payments without the patient's prior written consent. The authorization will disclose the financial compensation our office receives for marketing activity that our patients authorize, and we will stop marketing activity once the patient revokes that authorization. Similarly, we do not sell our patient's health information without their prior written consent. The authorization will disclose compensation our office receives for the PHI, and we will stop the sale of their information once the patient revoked that authorization.

## **6. PHI Disclosures Required By Law, Public Health, and Public Safety Offices**

We are required by law to disclose our patients' PHI to appropriate persons in order to prevent imminent threats to the health of individuals, groups, or the general public. We may be required to use or disclose PHI in judicial or administrative proceedings, or to law enforcement officials to find a suspect, missing person, or fugitive; We will also comply with discovery requests, subpoenas, or other legal proceedings that upheld by court orders, grand jury subpoenas, or warrants. We will do our best to notify patients of such proceedings unless legal documents have already been distributed by the courts or other relevant administrations.

We may be required to disclose protected health information to health authorities in order to prevent or control disease, report disease or infection exposure, and report adverse medication events to the FDA.

We are also required by law to report child and elder abuse, neglect, domestic violence, injuries, and disabilities. When reporting events such as domestic violence, child abuse, or elder abuse we will inform the patient or their personal representative promptly. If in our professional judgment we determine that notification would put the patient at risk of serious harm, or would entail informing the person responsible for the abuse, we will submit the report without notification.

## **7. Health Oversight Activities**

We may, and are sometimes required by law, to disclose our patients PHI to health oversight agencies during the course of audits, investigations, inspections, licensure, and other proceedings subject to the limitations imposed by federal and California law.

## **8. Corners**

We are required by law to disclose our patient's health information to corners in connection to investigations of death.

## **9. Organ or Tissue Donation**

We may disclose our patients' PHI to organizations involved in procuring, banking, or transplanting organs and tissues.

## **10. Proof of Immunization**

Proof of immunization will be provided to a school or entity at the request of the patient or guardian.

## **11. Specialized Government Functions**

We may just close our patient's PHI for military or national security purposes. We may also disclose PHI to correctional institutions or law-enforcement that have the patient in their custody.

## **12. Change of Ownership**

In the event that this medical practice is sold or merges with another organization, our patients personal health information will become the property of the new owner. Patients maintain their right to request copies of their protected health information, and may have that information transferred to another physician or medical group.

## **13. Workers Compensation**

We may disclose our patients PHI to comply with Worker's Compensation laws. If our patients are covered by Worker's Compensation we are required to make periodic reports to their employer regarding their condition(s). We are also required by law to report cases of occupational injury or occupational illness to the employer or Worker's Compensation case manager.

## **14. Breach Notification**

In the event that our EMR system is breached, we will notify our patients as required by law. If patients have provided us with a current email address, we may use that email to communicate information related to the breach. In some circumstances our business associates may provide a notification on our behalf. We may also provide notification by other methods deemed appropriate.

## **15. Psychotherapy Consults**

We will not use or disclose our patient psychotherapy notes without their prior written authorization except to:

provide treatment, student or staff training, defense against a lawsuit or other legal proceeding initiated by the patient, disclose the information to the patient or secretary of HHS when required by law, respond to health oversight activities concerning the patients psychotherapist, avert a serious threat to health or safety, or to provide PHI to the coroner in cases of death.

Patients may revoke their written authorization at any time. Upon receipt of a patient's written revocation, we will stop disclosing and/or using their consult notes.

## **16. Research**

We will disclose protected health information to researchers without written authorization in the events where their research is approved by an institutional review board or privacy board. We will release information in proportion to governing law.

## **17. Other Disclosures Not Specified in our Notice of Privacy Practices**

There are many special events and circumstances under which we may use or disclose protected health information (PHI).

## **B. When Our Medical Practice May Not Use or Disclose PHI**

Except as described in this notice of privacy practices, we will not use or disclose any protected health information identifying patients without their written authorization. If a patient authorizes our medical practice to use or disclose their PHI for any purpose, the patient may revoke that authorization in writing at any time.

## **C. Patient Health Information Rights**

### **C1.Right to Request Special Privacy Protections**

Patients have the right to submit written requests that restrict and limit our office's use of their protected health information. We will abide by all written requests unless we are required to disclose the information for treatment or legal purposes. We will honor the requests of patients that wish to pay out of pocket for our services. After we have received the patients payments for services, we will bypass the claims process and their commercial insurance completely. Patients are fully responsible for all service costs. We reserve the right to accept or reject any request, and will notify our patients of any adverse decisions.

### **C2. Right to Request Confidential Communication**

Our patients have the right to request the way in which their protected health information is sent; They may also request records to be sent to their preferred location. We will comply with all reasonable requests submitted in writing that specify the terms of our communication with the

patient. Depending on the quantity of health information shared and the method of transfer, mailing or other delivery fees may be applied by our office.

### **C3. Right to Inspect and Copy**

Our patients have the right to inspect and copy their health information with limited exceptions. Patients must provide a written request detailing the information they would like copied or shared; the method they wish to use to obtain that information; and any other individuals or entities they wish to send their PHI to. Reasonable office fees may be applied to comply with patient requests. Fees may also be applicable to cover the costs of large quantities of PHI, preparation of PHI, labor, supplies, postage, and delivery as allowed by law. The requesting patient will be notified of all fees in advance, and fees will be collected upfront. Our office will provide a receipt for charges upon request. If we may exercise our professional judgments to deny a request for access to child records or the records of an incapacitated adult. Denials of access to PHI reflect our belief that Sharing this information will cause serious harm to the patient. The patient, the guardian, or their legal representative will have the right to appeal our decision. If we deny a patient request access to their psychotherapy notes, our patients have the right to have them transferred to another mental healthcare professional.

### **C4. Right to Amend or Supplement**

Our patients have the right to request that we amend their healthcare information if they believe it is incorrect or incomplete. Our patients must make a request to amend their documents in writing, and include the reasons the information is not accurate or complete. We are not required to change our patients' PHI, and will provide them with information about our right to deny their request, and how they can appeal our decision. We may deny requests for amendments to information that we did not create, information that is no longer available to amend, information the patient is not permitted to copy or distribute, or if we believe the information is accurate and complete as is. If any requests are denied, our patients may submit a written statement of their disagreement with that decision, and we may, in turn, prepare a written rebuttal. Our patients also have the right to request that we add to the record a statement up to 250 words that addresses the information they deem to be incomplete or incorrect. Detailed records will be kept regarding the amendment or supplemental statement, and those items will be disclosed along with the original version of the information. Original versions of documents cannot and will not be deleted even if found to be incorrect. Records maintained in our EMR are considered to be official documents and cannot be replaced by patient additions or corrections. Amendments and Supplements only address or add statements to the original version of information.

### **C5. Right to an Account of Disclosures**

Patients have the right to receive an accounting of disclosures of their PHI made by our practice. We are not required to provide an account of disclosures that are pursuant to the patient's written authorization, or for purposes described in Section A and subsections A1-A17.

## **C6. Right to Paper Copy of Notice of Privacy Practices**

Our patients have a right to be notified of our legal duties and privacy practices with respect to their PHI. Patients have the right to receive a paper copy of this notice of privacy practices, and may request a copy be sent to them via email. Our full notice of privacy practices is available to view, print, or download on our practices website [www.Nervepro.com](http://www.Nervepro.com).

## **D. Changes to Our Notice of Privacy Practices**

Our office reserves the right to amend the terms of our notice of privacy practices at any time. Until such amendment is made, we are required by law to comply with this notice. After an amendment is made, the revised notice of privacy practices will apply to all of our offices' protected health information, regardless of when it was created or received. If privacy practices are changed, our new notice of privacy practices will be readily available at our reception desk. Hard copies will be available for each patient to pick up during office visits or office hours. New notices of privacy practices will also be updated and posted on our office website ([www.Nervepro.com](http://www.Nervepro.com)) to view, print, or download.

## **E. Complaints**

All complaints about our notice of privacy practices, or the ways in which our office may use or disclose PHI should be directed to our office.

If patients are not satisfied with the manner in which our office handles their complaint, they may submit a formal complaint to:

**Region IX : Office for Civil Rights  
US Department of Health & Human Services**

90 7th Street, Suite #4-100

San Francisco, CA 94103

**Ph:** (800) 368-1019 or (800) 537-7697      **Fax:** (202) 619-3818

**Email:** [OCRMail@HHS.gov](mailto:OCRMail@HHS.gov)