



Clinical Pediatric Psychology & Neuropsychology
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NOTICE OF PRIVACY PRACTICES
SHORT VERSION

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.

Commitment to Privacy

Our practice is dedicated to maintaining the privacy of your personal health information. We are required by law to do this. These laws are complicated, but we must provide you with important information. This document is a shorter version of the full, legally required NPP. Because it is impossible to cover all situations, we encourage you to ask any questions that you might have.

We will use the information about your health, which we obtain from you or others, to provide you with assessment and/or treatment, to arrange payment for services, or for some other business activities which are called, in the law, health care operations. After you have read this NPP you will be asked to sign a Consent Form to let us use and share your information. If you do not consent and sign this form, we cannot assess and/or treat you or your minor child.

If either party (you or our practice) want to use or disclose (send, share, release) your information for any other purposes, we will discuss this with you and ask you to sign a Release of Information Authorization Form to allow this.

We will keep your health information private but there may be times when the law requires our practice to use or share it. For example:

1. When there is a serious threat to you or your minor child's health and safety or the health and safety of another individual or the public. We will only share information with a person or organization that is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official requires us to do so.
4. For Workers' Compensation and other similar benefit programs.

Your rights regarding your health information

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have the right to ask us to limit what we tell certain individuals involved in your care or the payment for your care, such as family members and friends. While we do not have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, in an emergency, or when the information is necessary to treat you and/or your minor child.
3. You have the right to look at the health information we have about you and/or your minor child such as your medical and billing records. You can obtain a copy of these records (a fee is charged for this service).
4. If you believe that the information in your records is incorrect or incomplete, you can request that some changes (called amending) be made to your health information. This request must be made in writing and sent to Dr. Laurie H.C. Philipps and Associates. You must include information about the reasons that you want to make the changes.
5. You have a right to copy of this notice. If this NPP is changed, it will be posted in the waiting room and you can obtain a copy of the new NPP from Dr. Laurie H.C. Philipps and Associates.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our office and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care that is provided to you.

If you have any questions regarding this notice or health information privacy policies, please contact NeuroHealth at (847) 754-9343. The effective date of this notice is April 9, 2010.