

NOTICE OF PRIVACY PRACTICES

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.

Dr. Abigail Neiman is committed to protecting your personal health information. Personal health information may include such items as health consent forms, medical history information, etc.... This notice about protecting your health information is required by law. It tells you about your rights and how Dr. Abigail Neiman uses and discloses your health information.

Your Health Information Rights

You have certain rights regarding the health information that our practice has about you. You have the right to:

- Request a restriction on certain uses and disclosures of your health information; however, Dr. Abigail Neiman is not required to approve your request.
- Request that Dr. Abigail Neiman notify you about your health information in a way or at a location that will help you keep your health information confidential.
- Receive a list of disclosures Dr. Abigail Neiman has made of your health information.
- In writing at any time, withdraw your permission for Dr. Abigail Neiman to disclose your health information, except for the information that Dr. Abigail Neiman disclosed before you stopped your permission.
- Ask Dr. Abigail Neiman to change your health information if you believe it is incorrect or incomplete. Dr. Abigail Neiman may deny your request and, if so, will give you the reason(s) why the request was denied.

How Dr. Abigail Neiman May Use or Disclose Your Health Information

The law permits Dr. Abigail Neiman to use or disclose your health information for the following purposes:

Treatment - Dr. Abigail Neiman may use and disclose your health information to help you receive medical treatment and services. Example: Dr. Abigail Neiman may use your medical history information to ensure that you receive proper medical care, should you become injured.

Payment - Dr. Abigail Neiman may use and disclose your health information to pay for your medical treatment and services. Example: A claim for healthcare services may be sent to Dr. Abigail Neiman by your doctor. The claim may contain information that identifies you, your diagnosis, and the treatment or supplies you received.

Health Care Operations - Dr. Abigail Neiman may use and disclose your health information to internal auditors. Example: Your health information may be disclosed to the medical staff or quality improvement staff to review the effectiveness of the medical care you received.

Requirements by Law - Dr. Abigail Neiman may use and disclose your health information when the law requires it. Example: Dr. Abigail Neiman may disclose information for the following purposes:

- To reply to proper requests for your health information from a court or other legal agency.
- To report information for public health, such as reporting victims of abuse, neglect or domestic violence, or reporting to the Food and Drug Administration, problems with products or reactions to medications.
- To report information for public safety, such as to prevent the spread of a serious threat to the health or safety of a particular person or the general public.
- To assist law enforcement officials, such as the police, in their law enforcement duties.
- To allow funeral directors, medical examiners or coroners to carry out their lawful duties, such as to complete a death certificate for the state.
- To comply with laws and regulations related to Workers' Compensation.
- To allow other government agencies to provide you with benefits and services.

Health Oversight Activities - Dr. Abigail Neiman may disclose your health information to government health agencies for health oversight reasons, such as program audits or licensure review.

Research - Dr. Abigail Neiman may use your health information for approved research purposes, such as for a study to cure a disease.

Special Government Functions – “Special government functions” such as protection of public officials or reporting to various branches of the armed services, may require the use or disclosure of your health information.

Obligations of Dr. Abigail Neiman

Dr. Abigail Neiman is required to:

- Maintain the privacy of your protected health information.
- Provide you with this Notice of its legal duties and privacy practices with respect to your health information.
- Obtain your written authorization to use or disclose your health information for reasons other than those listed in this Notice as permitted under law.
- Abide by the terms of this Notice that are currently in effect.
- Notify you if Dr. Abigail Neiman is unable to agree to a requested restriction on how your information is used or disclosed.
- Allow reasonable requests you may make to notify you about your health information in a way or at a location that will help you keep your health information confidential.

Dr. Abigail Neiman reserves the right to change its information practices. The new provisions will be effective for all protected health information that Dr. Abigail Neiman maintains.

If you are not satisfied with the manner in which Dr. Abigail Neiman handles a complaint, you may submit a formal complaint to the U.S. Secretary of Health and Human Services.

There will be no retaliation by Dr. Abigail Neiman if you file a legally valid complaint.

ABIGAIL NEIMAN M.D., P.A.
RHEUMATOLOGY

ACKNOWLEDGEMENT REVIEW OF PRIVACY / PROCEDURE POLICY

I have reviewed this office's Notice of Privacy Practices which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document. In addition I authorize Neiman Rheumatology to implement the procedures listed below.

| Patient Signature/or Personal Representative | Date |
|--|---|
| <ul style="list-style-type: none">• Fax requested documentation for continuation of care• Leave a detailed message on your home answering service• Discuss your medical condition with family member/other | <p>YES / NO YES / NO YES / NO</p> |

In the space provided below, please list the name/relationship of the person(s) you authorize disclosure of information.

1. _____
Name Relationship

2. _____
Name Relationship

Note:

- If you need forms filled out by our office, there is a \$25.00 fee.
- For established patients, no call/no show; missed appointments, there is a \$25.00 fee.
- For new patients, no call/no show; missed appointments, there is a \$50.00 fee.
- Patients with **HMO plans must obtain their referrals**. It is your responsibility to obtain and maintain referrals. Our office staff will not request them for you.
- Our preferred lab is Lab Corp; however, you have the right to utilize any laboratory that you desire. In addition, Dr. Neiman may prescribe Physical Therapy services if medically necessary. Physical Therapy is now available in suite 311-A, of which Doctor is co-owner. But again, you have the right to choose where you would like to have these services performed.