

FOCUS: Center for Neurofeedback, PLLC

NOTICE REGARDING OUR PATIENT CONFIDENTIALITY PRACTICES

This notice describes how confidential information about you will be used, disclosed and then protected. Please review this information carefully and feel free to ask our staff if you have any questions.

Our Responsibility as a Health Provider

The confidentiality of your personal and family health information is very important to us. The information you provide is used to create a patient file and includes problems you have reported to us, health history, symptoms, diagnoses, progress notes, treatment plans, your communications with this office, and referrals for further care. We also maintain financial records containing dates of service, fees charged, fees collected, insurance claims, insurance company communications and other payment information.

It is our responsibility to (a) protect your confidentiality as required by law, (b) post notices to inform our patients of their rights and our procedures and (c) maintain policies that ensure the enforcement of these policies.

How We Use, Exchange, and Disclose Patient Confidential Information

All patient records created at this office are stored in locked cabinets to ensure privacy. Patient records that are no longer required will be destroyed by shredding.

If in the course of providing treatment your therapist should require consultation with a specialist or another health provider, an effort will be made to protect your identity and to utilize only first names in consultative sessions. Consultations with outside health professionals are now also governed by these same laws protecting your privacy.

Should we feel a need to disclose confidential information about your treatment or diagnosis, we will ask you, or your legal guardian, for written permission. Your decision to allow a confidential release of information may be rescinded by you at any time by notifying your therapist. These releases are also time-limited in their authority.

Computer records for biofeedback patients are maintained and secured and disposed of just as we do with paper records. Patient data produced by a computer are saved to removable disks.

Financial records of your treatment including diagnoses, dates of treatment, charges, payments and personal demographics required for insurance billing are maintained separately by Office Ally, a private company, is required to ensure the privacy and confidentiality of your identity by contractual obligation with this office as well as by law.

We will make every effort to maintain your confidentiality except where we are mandated to release records by law. Mandatory release of records without your permission can occur when (a) a patient is in imminent danger of harming self or others, (b) there is a civil or criminal court proceeding, (c) and when the practice of your psychologist is under investigation by a state regulatory body (d) when the abuse of a child or an elderly person is suspected and must be reported.

Your Rights

By law, you have specific rights in regard to the use of confidential information in the custody of this office. These include the following:

The right to request that we restrict or time-limit the release or exchange of information with other individuals or organizations.

The right to direct this office as to how we are to communicate with you. You may if this should be by mail to a post office box instead of a home address, by telephone at home only, by pager number, cell phone, etc.

The right to request a list of disclosures made by this office about you including who, why, when and for what purpose.

Contact Information

After you have reviewed the information contained within this document, please feel free to take your questions and concerns directly to Phil Ellis at 281-2299. He is responsible for the installation and execution of these privacy and confidentiality policies and procedures.

To Request Information or to File a Complaint

If you should believe that your privacy rights have been violated, you have the right to file a complaint in writing directly to Dr. Ellis. Your complaint will be reviewed by Dr. Ellis and you will receive a written response within two weeks.

You also have the right to complain directly to the Office for Civil Rights, U.S. Dept of Health and Human Services, Independence Ave, S.W., Room 509F, HHH Building, Washington D.C. 20201 or by calling 1-800-368-1019, or by sending an email to [OCRprivacy @ HHS.gov](mailto:OCRprivacy@HHS.gov).

Revisions to this Document

Should this document require revision you will be notified in writing of the revision. Should this revision reflect a material change in the legal rights, responsibilities or privacy practices of our patients or this office, the changes will also be posted in a patient common area of this office for public view.

Effective Date of this document
April 14, 2003