



PRIVACY NOTICE POLICY:

This notice describes how medical information about patients at Neuro Care of Louisiana, LLC may be used and disclosed for treatment, payment or healthcare operations and how you can get access to that information. Please review carefully.

1. Uses and Disclosures: Neuro Care of Louisiana, LLC ("Neuro Care") is permitted by law to disclose the minimum necessary personal health information of each patient to carry out treatment, payment and health care operations of Neuro Care. For treatment purposes, such Disclosure(s) may be made to physicians and other healthcare providers as necessary to effectuate the appropriate treatment and care of patients. Personal health information may be disclosed to designated government or other third party payers for the purpose of obtaining payment for services provided. Neuro Care may also use personal health information to carry out Neuro Care's day to day operations such as scheduling, quality review and appointment reminders. A list of other examples of Disclosures can be obtained from the Privacy Officer upon request.

2. Required Authorizations: Neuro Care will not disclose any patient's personal health information for any purpose aside from payment, treatment and health care operations, without patient's authorized consent to such disclosure. Upon request for such authorization, the patient shall have the right to refuse and/or revoke any disclosure of patient's personal health information.

3. Privacy Compliance: In accordance with the privacy regulations promulgated under the Health Insurance Portability and Accountability Act 45 CFR Parts 160 and 164 (the "Privacy & Security Regulations"), Neuro Care has adopted privacy policies regarding usage of patients' personal health information. Neuro Care is committed to compliance with the Privacy & Security Regulations and all other laws and regulations regarding patients' right to privacy.

4. Additional Information: For additional information regarding Neuro Care's privacy policy or for a copy of this notice, please contact our Privacy Officer. Neuro Care reserves the right to change this Notice and to make the revised and changed notice effective for medical information that Neuro Care already has about you, as well as any information Neuro Care receives in the future. We will post a copy of the current notice in Neuro Care. The notice will contain the effective date.

Patient first and last name: _____

Signature: _____

Date: _____