

**Neurology, Psychiatry and Balance Therapy Center**  
**Suite 130 Parec Plaza, 725 Skippack Pike**  
**Blue Bell, PA. 19422**

**Notice of Health Information Practices Policy**

**Your Medical Record** Each time you visit a hospital or physician, a record is made of your visit. This information, commonly known as a medical record, contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care. The confidentiality of your medical record is protected under the State-specific and Federal law.

**Your Health Information Rights** Your medical record is the physical property of the physician or healthcare facility that compiled it, but the information belongs to you. Therefore, you have rights regarding the use and disclosure of your health information.

**Our Responsibilities** *Neurology, Psychiatry and Balance Therapy Center* is required by the Federal Privacy Rule to maintain the privacy of your medical record and to provide you with a notice of our legal duties and privacy practices.

**Uses and Disclosures for Treatment, Payment, and Health Care Operations** *Neurology, Psychiatry and Balance Therapy Center* will use your health information in order to treat you. We will provide other providers or hospitals with copies of your medical record to assist them in treating you, should that become necessary. We will also use and disclose health information about you to make appointments with you.

*Neurology, Psychiatry and Balance Therapy Center* will use your health information for payment. The information on a bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*Neurology, Psychiatry and Balance Therapy Center* will use your health information for regular health operations to assess the quality of your care.

*Neurology, Psychiatry and Balance Therapy Center* will disclose your health information to business associates, such as a medical transcription or billing service; so that they can perform the job we have asked them to do.

**Uses and Disclosures that We May Make Unless You Object** You have the right to object to certain situations in which *Neurology, Psychiatry and Balance Therapy Center* may disclose information from your medical record.

**Disclosures Permitted without Consent** *Neurology, Psychiatry and Balance Therapy Center* is required by state and Federal law to disclose health information from your medical record under specific circumstances.

**Uses and Disclosures Specifically Authorized by You** *Neurology, Psychiatry and Balance Therapy Center* expects to make other uses and disclosures of your protected health information only on the basis of specific written authorization forms signed by you.

**To Report a Problem** You have the right, under Federal law, to report a problem or file a complaint about how your personal health information is being handled. You can do this directly with *Neurology, Psychiatry and Balance Therapy Center* or to the Secretary of Health and Human Services in Washington, D.C.

*Neurology, Psychiatry and Balance Therapy Center* will use and disclose your personal health information to treat you, to receive payment for the care we provide, and for other health care operations. Health care operations generally include those activities we perform to improve the quality of care.

We have prepared a detailed *Notice of Privacy Practice* to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our office and have copies available for distribution.