



Be Mobile Neurology

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NOTICE OF PRIVACY PRACTICES

This notice of Privacy Practices applies to Be Mobile Neurology, LLC and describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review this information carefully.

Be Mobile Neurology, LLC is committed to treating and using protected health information (PHI) responsibly. We maintain privacy and security of PHI entrusted to us in compliance with State and Federal Guidelines.

Effective Date is May 1, 2017

Understanding Your Health Record/Information

Each time you are seen by Be Mobile Neurology a record of your visit is made. The record contains your symptoms, examination, test results, diagnoses, treatment and a plan for future care or treatment. We maintain physical and electronic safeguards to protect against risk, destruction or misuse.

Your Rights

- You have the right to obtain an electronic or paper copy of your health record
- You can ask for an amendment of your health record in writing, if you think it is incorrect or incomplete. We may say "no" to the request, but will tell you why in writing within 60 days.
- You can ask us to contact you in a specific way (mobile, home or office phone) or send mail to a different address.
- You can ask request a restriction on certain uses and disclosures of your information. We can say "no" if it would affect your care. However, if you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer.
- You can obtain an accounting of disclosures of your health information free of charge within a 12-month period. We will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- You may request a paper copy of this notice at any time, even if you agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- You can choose for someone to act on your behalf, such as a medical power of attorney or legal guardian. That person can exercise your rights and make choices about your health information.
- You have the right to file a complaint and report a concern or conflict. Please contact our practice's Privacy Officer at 813-981-4403.

- You can also send a written complaint to the US Department of Health and Human Services Office for Civil Rights:

200 Independence Avenue, SW

Washington, DC 20201

1-877-696-6775

www.hhs.gov/ocr/privacy/hipaa/complaints/

Your Choices

- For certain health information you can tell us your choices about what we share. This includes:
 - ✓ Sharing information with family, caregivers or another identified person(s)
 - ✓ Sharing information in a disaster relief situation
 - ✓ Including your information in a hospital directory
 - ✓ Contacting you for fundraising efforts. If we do contact you for fundraising efforts you can tell us not to contact you again
 - ✓ Obtaining and reviewing your psychotherapy and/or neuropsychology notes
- Be Mobile Neurology never shares your information unless you give us written permission for marketing purposes or sale of your information.

Our Uses and Disclosures

- We can use your health information and share it with other professionals who are treating you
- We can use and share your health information to run our practice, improve your care and contact you when necessary
- We can use and share your health information to bill and get payment from health plans or other entities
- We can share your health information in certain situations such as: preventing disease; help with product recalls; reporting adverse reactions to medications; reporting suspected abuse neglect or domestic violence; or preventing or reducing a serious threat to anyone's health or safety.
- We can use or share your information for health research.
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- We may disclose your health information to organ procurement organizations.
- We may disclose health information to coroners, medical examiners or funeral directors consistent with applicable law to carry out their duties.
- We can share your health information about you for workers' compensation claims
- We can share your health information about you for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law and for special government functions such as military, national security and presidential protective services.



- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy.
- We will not use or share your information other than as described here unless you tell us we can in writing.
- If you tell us we can, you may change your mind at any times. Let us know in writing if you change your mind.
- We can change the terms of this notice and the changes will apply to all information we have about you. We will post the new notice or you can request a copy of our new notice at any time.
- For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Acknowledgement

I hereby acknowledge that I have received and read Be Mobile Neurology’s Notice of Privacy Practices, as required by HIPAA. I understand that I may request additional copies of this notice at any time.

Patient Name

Date