NORTHEAST TEXAS NEUROLOGY ASSOCIATES

GINA JETTER, MD, FAES
TALESH FREEMAN, APRN, FNP-C

(903) 526-7055
(903) 593-4303
www.netxneuro.com
505 S. Fleishel Ave, Tyler, TX 75702

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND HOW TO FILE A COMPLAINT. PLEASE REVIEW IT CAREFULLY.

This Notice applies to Northeast Texas Neurology Associates and its physicians, advanced practice providers, employees, trainees, and other workforce members who provide services through the practice. In this Notice, "we," "our," and "the practice" refer to Northeast Texas Neurology Associates.

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

You have the right to:

- Inspect or obtain a paper or electronic copy of your medical record.
- Ask us to correct health information you believe is incorrect or incomplete.
- Request confidential communications.
- Ask us to limit certain uses or disclosures.
- Receive an accounting of certain disclosures.
- Obtain a paper or electronic copy of this Notice.
- Choose someone to act for you.
- File a complaint without retaliation if you believe your privacy rights were violated.

YOUR RIGHTS

INSPECT OR OBTAIN A COPY OF YOUR RECORD

You may ask to inspect or obtain an electronic or paper copy of your medical record and other health information maintained in a designated record set. We will provide access within the time required by applicable law. For a properly completed Texas request, this is generally no later than 15 business days after we receive the written request and any permitted payment. We may charge only fees permitted by applicable law. In limited circumstances, we may deny access; if review rights apply, we will explain them in writing.

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ASK US TO CORRECT YOUR RECORD

You may ask us to amend health information that you believe is incorrect or incomplete. We may deny the request, but we will explain the reason in writing within the time required by law.

REQUEST CONFIDENTIAL COMMUNICATIONS

You may ask us to contact you in a specific reasonable way or at a different location, such as by a particular telephone number, mailing address, or available patient-portal method. We will accommodate reasonable requests.

ASK US TO LIMIT WHAT WE USE OR SHARE

You may ask us not to use or disclose certain health information for treatment, payment, or health care operations. We generally are not required to agree. If we agree, we will comply except when the information is needed for emergency treatment or disclosure is otherwise permitted or required by law.

If you pay in full out of pocket for a specific service or item, you may ask us not to disclose information about that service or item to your health plan for payment or health care operations. We will agree unless disclosure is required by law.

RECEIVE AN ACCOUNTING OF DISCLOSURES

You may ask for a list of certain disclosures we made during the six years before your request. The accounting will not include disclosures for treatment, payment, or health care operations and certain other disclosures excluded by law. One accounting in a 12-month period is free; we may charge a reasonable, cost-based fee for an additional accounting after notifying you of the cost.

GET A COPY OF THIS NOTICE

You may request a paper copy at any time, even if you agreed to receive the Notice electronically. You may also request an electronic copy.

CHOOSE SOMEONE TO ACT FOR YOU

If you have given someone medical power of attorney, or if someone is your legal guardian or other authorized personal representative, that person may exercise your rights. We will verify the person's authority before acting.

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FILE A COMPLAINT

You may complain to our Privacy Officer using the contact information at the end of this Notice. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through https://www.hhs.gov/hipaa/filing-a-complaint. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you may tell us your choices about what we disclose. Tell us your preference, and we will follow your instructions when required by law.

FAMILY, FRIENDS, CAREGIVERS, AND DISASTER RELIEF

You may tell us whether to share relevant information with family members, close friends, caregivers, or others involved in your care or payment for your care, and whether to share information in a disaster-relief situation. If you cannot tell us your preference, we may disclose information when we believe it is in your best interest and the law permits it. We may also disclose information when necessary to prevent or lessen a serious and imminent threat to health or safety.

USES REQUIRING WRITTEN AUTHORIZATION

We will obtain your written authorization before using or disclosing your health information for purposes not described in this Notice unless law otherwise permits or requires the use or disclosure. Written authorization is generally required for:

- Most uses and disclosures for marketing purposes.
- The sale of protected health information.
- Most uses and disclosures of psychotherapy notes, if we maintain them.

You may revoke an authorization in writing at any time, except to the extent we already acted in reliance on it.

FUNDRAISING

We do not use protected health information to contact patients for fundraising.

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HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

TREATMENT

We may use and disclose your health information to provide, coordinate, or manage your care and to communicate with other health professionals involved in your treatment. For example, we may send relevant records to a referring physician, hospital, pharmacy, therapist, imaging center, laboratory, or other treating provider.

PAYMENT

We may use and disclose your health information to bill and obtain payment from health plans or other responsible parties, determine benefits, obtain authorization, and support collection activities permitted by law.

HEALTH CARE OPERATIONS

We may use and disclose your health information to operate the practice, improve quality, train and evaluate staff, conduct audits, manage risk, obtain legal or compliance services, and contact you when necessary. We may work with business associates that are contractually required to safeguard your information.

APPOINTMENT REMINDERS AND CARE COMMUNICATIONS

We may contact you about appointments, test results, medication matters, treatment alternatives, care coordination, health-related benefits, and services that may be of interest to you. Communications may occur by telephone, voicemail, mail, secure portal, text message, or email according to your choices, our procedures, and applicable law.

OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

We may use or disclose health information without your written authorization when applicable legal conditions are met, including for:

- Public health and safety activities, such as disease prevention, product recalls, adverse-event reporting, and preventing or reducing a serious threat.
- Reports of suspected abuse, neglect, exploitation, or domestic violence as permitted or required by law.

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- Health oversight activities, including audits, investigations, inspections, and licensure proceedings.
- Workers' compensation and similar programs authorized by law.
- Law-enforcement purposes and other governmental functions authorized by law, including military, national-security, correctional, and protective-service functions.
- Organ and tissue donation and transplantation activities.
- Coroners, medical examiners, and funeral directors when an individual dies.
- Research approved or otherwise permitted under applicable law.
- Judicial or administrative proceedings, including in response to a court or administrative order and, when legally permitted, a subpoena or other lawful process.
- Other uses or disclosures required by federal or Texas law, including disclosures to the U.S. Department of Health and Human Services to demonstrate compliance.

INFORMATION RECEIVING ADDITIONAL PROTECTION

Some information is protected by federal or Texas laws that are more restrictive than HIPAA. This may include certain information concerning mental health treatment, substance use disorder treatment, HIV/AIDS or other communicable diseases, genetic testing, and services for which a minor may consent. When a more protective law applies, we will use or disclose the information only as that law permits.

SUBSTANCE USE DISORDER RECORDS PROTECTED BY 42 CFR PART 2

To the extent we create, receive, or maintain records protected by 42 CFR Part 2, federal law provides additional confidentiality protections. Part 2 records, or testimony describing their content, generally may not be used or disclosed in a civil, criminal, administrative, or legislative proceeding against you unless you provide specific written consent or a court order and subpoena or other legal mandate satisfy Part 2 requirements. A general authorization for release of medical records is not sufficient for this purpose. We will handle Part 2 records in accordance with applicable federal law.

PATIENT PORTAL

You may be able to view portions of your health information through our patient portal at www.yourhealthfile.com. Portal access does not limit your right to request access to, inspect, or obtain copies of your designated record set as permitted by law.

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OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you as required by law 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 the Notice currently in effect and provide you a copy upon request.
- We will not use or disclose your information other than as described in this Notice unless you authorize us in writing or the law permits or requires it.

CHANGES TO THIS NOTICE

We may change the terms of this Notice. Changes may apply to all protected health information we maintain, including information created or received before the change. A revised Notice will be available upon request, posted prominently at our office, and posted on our website at www.netxneuro.com.

QUESTIONS OR COMPLAINTS

Contact our Privacy Officer if you have questions, need help exercising a right, want another copy of this Notice, or wish to make a complaint:

Privacy Officer
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Tyler, Texas 75702
Phone: 903-526-7055
Email: info@netxneuro.com
Website: www.netxneuro.com