

## **HIPAA Notice of Privacy Practices**

### *Patient Consent Form*

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. access to this information. Please review it carefully. Effective 12/01/2020.*

Northstar Neurology of Colorado Springs is totally committed to maintaining clients' confidentiality. Northstar Neurology of Colorado Springs will only release healthcare information about you in accordance with federal and state laws and ethics of the counseling profession. This notice describes its policies related to the use and disclosure of your healthcare information.

Use and disclosure of protected health information is for the purpose of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes. The practice provides this form to comply with the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)*.

**Treatment:** Northstar Neurology of Colorado Springs may need to use or disclose health information about you to provide, manage, or coordinate your care or related services. This could include consultants and potential referral sources. For instance, this may include a doctor you were referred to in order to help the doctor properly diagnose and treat you.

**Payment:** Northstar Neurology of Colorado Springs may use your PHI as needed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims as well as information needed for billing and collection purposes. We may bill the person in your family who pays for your insurance.

**Healthcare Operations:** Northstar Neurology of Colorado Springs may need to use information about you to review my treatment procedures and business activity. Information may be used for certification, compliance, and licensing activities. Other examples of this use would be contacting you in regards to scheduling appointments.

### **What are your rights?**

1. You have the right to ask to restrict uses or disclosures of your health information for treatment, payment, or health care operation. You have the right to also ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. Please note that while Northstar Neurology of Colorado Springs will try to honor your request and will permit requests consistent with its policies, Northstar Neurology of Colorado Springs is not required to agree to any restriction.
2. You have the right to ask to receive confidential communications of information in a different manner or at a different place (for example: by sending it to a P.O. Box rather than your home address).
3. You have the right to see and obtain a copy of your health information that may be used to make decisions about you such as claims and case management records. You also may receive a summary of this health information. You must make a written request to inspect and copy your health

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information. In certain limited circumstances, Northstar Neurology may deny your request to inspect and copy your health information if that disclosure of certain information contained in your health records may be harmful to your condition or impede further treatment of your condition. This decision will be binding.

4. You have the right to a paper copy of this Notice. You may ask for a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.
5. If you believe that your rights have been violated, you may notify the Secretary of the U.S. Department of Health and Human Services if you have any complaint to make. I will not take any action against you for filing a complaint.

Northstar Neurology of Colorado Springs reserves the right to change the terms of this Notice of Privacy from time to time. You then have the right to request for the current notice at the address below.

\_\_\_\_\_  
Signature of Patient/Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date