

# Neurodevelopmental Institute of New Hampshire

*Optimizing Potential Throughout the Lifespan*

*www.ninhllc.com*

Client Name:		Date of Birth:	
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## NOTICE OF PRIVACY PRACTICES

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.

This notice takes effective on 01/30/2020 and remains in effect until further notice.

### I. OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you received at Neurodevelopmental Institute of New Hampshire. We use this record to provide you with quality care and to comply with certain legal obligations. This notice will tell you about the ways we may use and share your medical information. We will also describe your rights and the duties we have regarding the use and disclosure of your medical information.

### II. OUR LEGAL DUTY

Federal and State laws require us to:

1. Practice HIPAA compliant privacy practices to protect your personal information.
2. Provide you with a notice describing our legal duties, privacy practices, and your legal rights regarding your medical information.
3. Follow the terms of the most recent notice.

We have the right to:

1. Change our privacy practices and the terms of this notice at anytime, provided the changes are compliant with current Federal and State laws.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created and or received before the changes became effective.

Notice of change to Privacy Practices:

1. Before we make an important change in our privacy practices, we will amend this notice and inform you of the changes. An updated personal copy of our practices will be made available upon request.

### III. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes the different ways we may use and disclose your medical information. Listed below are all the possible instances where we might use or disclose your medical information. We do not use or disclose your medical information for any other purpose without your prior written consent. Your consent can be revoked at anytime by submitting a written request to our office at 77 Pearl Street, Manchester, NH 03101.

For Treatment:

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or others responsible for taking care of you. This may include other health

77 Pearl Street, Manchester, NH 03101 | Phone: 603-621-9870 | Fax: 603-621-9875  
603 Main Street, Gorham NH 03581 | Phone: 603-215-6482 | Fax: 603-215-6658

Update 02/12/2020

care providers that are assisting in your treatment.

**For Payments and Insurance Purposes:**

We may use and disclose your medical information to process payments and insurance claims or authorizations. Bills may be sent to you or a third-party for payment. The information on or accompanying your bill may or may not include some medical information.

**For NINH Operations:**

We may use and disclose your medical information for the general operations and the improvement of operations in our offices. This may include measures for quality assurance, employee evaluations, training programs and maintaining or obtaining accreditations, certifications, and licenses.

**For Court Orders or Judicial and Administrative Proceedings:**

We may disclose your necessary medical and personal information in compliance to Federal and State law for court orders, subpoenas, warrants, or other lawful processes. Under limited circumstances, when lawful processes require it, your information may be shared with law enforcement officials. These instances may also include suspect, fugitive, material witness, crime victim or missing person cases.

**ADDITIONAL USES AND DISCLOSURES:**

The following circumstances will only use medical and personal information when absolutely necessary and will not jeopardize your privacy through participation. You may choose to be excluded from any of the following at anytime with a written request.

**Notifications and Communications:**

Some of your personal information (i.e., name, DOB, address, etc.) may be used when notifying NINH staff, family members, your personal representatives, case managers or other persons responsible for your care of changes in your condition, billing purposes, scheduled care or policy updates.

**Disaster Relief:**

When necessary, medical and personal information may be shared with a private or public organization or person who can legally assist you in disaster relief efforts.

**Limited Research Circumstances:**

Medical information may be utilized for research purposes; the information included will never be used in a manner that breaches privacy practices or poses a risk to your well-being.

**Funeral Services, Coroner or Medical Examiner:**

In the event of your or your child's passing, necessary information may be relayed to a coroner or medical examiner.

**Specialized Government Services:**

Subject to certain requirements, we may disclose certain medical and personal information from military personnel and veterans for national security or protective services. Information may also be released to Department of State or correctional institutions for the purpose of custodial situations and/or government programs that provide public health benefits and assistance. When required by law, information may also be submitted to government agencies like the Center of Disease Control, Census, or Food and Drug Administration.

**Victims of Abuse, Neglect, or Domestic Violence:**

We may disclose medical and personal information to appropriate authorities if any staff has reason to believe you or your child is a possible victim of abuse, neglect, domestic violence, or other crimes. We may share your medical or personal information if it is necessary to prevent a serious threat to your health and safety, or the health and safety of others.

**Workers Compensation:**

We may disclose information to authorized agencies when necessary to comply with laws for workers compensation or similar programs.

Appointment Reminders:

Personal information may be disclosed for the purpose of sending you an appointment reminder.

Alternative and Additional Medical Services:

We may disclose your medical or personal information for the purposes of providing you with information about health-related benefits and services that may interest you and to recommend other treatment options.

IV. YOUR INDIVIDUAL RIGHTS

You have the right to:

1. View or obtain copies of your medical records and information. Requests must be received in writing. An initial copy of neuropsychological testing results is provided with feedback, additional copies are \$10.00 when picked up in person and \$20.00 when requested by mail.
2. Receive a log of requests we and/or our business partners have fulfilled in regard to sharing your medical information for the purposes of treatments, payments, health care operations, and other specified exceptions.
3. Request that we place additional restrictions on the use or disclosure of your medical information. We are not obligated to agree to these restrictions if they prevent us from providing appropriate care but will do our best to fulfill your requests.
4. Request changes in your demographic and personal information at any time. To submit these changes, please send a written request to our office or call our main line at 603-621-9870.
5. Receive this notice in a paper copy if you received and filed it electronically.

V. QUESTIONS AND COMPLAINTS

If you have any questions about this notice or if you think we may have violated your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services. Please contact us for their address. We will not retaliate in any way should you choose to file a complaint.

Client Signature/Date: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Parent/Guardian 1 Signature/Date: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Parent/Guardian 2 Signature/Date: \_\_\_\_\_