



Providing Psychological and Neuropsychological Services for the Elderly

Notice of Privacy Practices for Protected Health Information

HIPPA

The Federal Government passed a new law in August, 2002 dealing with the privacy of patient records. The new law is called Health Insurance Portability and Accountability Act, HIPPA. Please read and review this consent form carefully.

You have the right to refuse to give us authorization to contact you to provide appointment reminders, information about treatment alternatives, or other health related information. If you do not give us authorization, it will not affect the treatment in which you are provided or the methods we use to obtain reimbursement for your care.

You may inspect or copy the information that we use to contact you to provide appointment reminders, information about treatment alternatives, changes in treatment protocols or other health related information at any time.

Our Privacy Pledge

We have and always will respect your privacy. Other than uses and disclosures permitted for providing health care services, we will not sell or provide any of your health information to any outside marketing source. Any use of your health information other than for providing health care services will be made only with your written authorization.

Your right to revoke your authorization

You may revoke your authorization to us at any time in writing, except under two circumstances. If you wish to revoke your authorization, please write at: Senior Neuropsychological Associates, 10809 Los Rios Dr., Fort Worth, TX 76179.

1. Information released before your request to revoke your authorization.
2. If you were required to give your authorization as a condition of your insurance, the insurance company may have a right to your health information.

Your right to receive confidential communication

We will normally provide information to you in person at the time of your health services. We also may mail or FAX you information regarding your health care or account status depending on the method that best suits your

needs. To help us respond to your needs, please make your requests in writing to the address above.

Your right to inspect and copy your health information

You have the right to inspect and/or copy your health information for seven years from the date that the record was created or as long as the information remains in our files. Again, please make your request in writing to the address above.

Your right to amend your health information

You have the right to request that we amend your health information. We ask that you make your request in writing and that you give the reason for the amendment to support the change you are requesting.

Our Duties

We are required by law to maintain the privacy of your health information. We are also required by law to provide you with this notice of our legal duties and our privacy practices with respect to your health information. We must abide by the terms of this notice while it is in effect. However, we reserve the right to change the terms of our privacy notices. If such a change is made, we will notify you in writing.

Your right to complain

You may complain to us or to the Secretary for Health and Human Services if you feel that we have violated your privacy rights. We respect your right to file a complaint and will not take any action against you if you file a complaint. While you may make an oral complaint at any time, written complaints should be addressed to Senior Neuropsychological Associates, Bret G. Bentz Ph.D., PO Box 396, Saginaw, TX 76179.

Contact Us

If you would like further information about our policies and practices please contact: Bret G. Bentz Ph.D., PO Box 396, Saginaw, TX 76179. Phone (817)988-1236.

Patient's Signature

Date

Responsible Party's Signature

(In cases where the patient is unable to consent on their own behalf)

Date