



**Main**

2219 E. Seventh Street  
Charlotte, NC 28204

**South Charlotte**

7000 Shannon Willow Rd  
Charlotte, NC 28226

**Charlotte**

2607 E. Seventh Street  
Suite 200  
Charlotte, NC 28204

**Monroe**

1315 E. Sunset Drive  
Suite 201  
Monroe, NC 28112

**North Charlotte**

10616 Metromont Pkwy  
Suite 104  
Charlotte, NC 28269

**Phone Number**

704-372-3714

**Fax Number**

704-333-4601

**Research Number**

704-342-6014

**Providers:**

T. Hemanth Rao, MD  
Paul MacDonald, MD  
Ryan Conrad, MD  
Lee Campbell, PA-C  
Jan Harris, PA-C

**TO OUR PATIENTS:**

Our practice is required by law to maintain the privacy of your protected health information and to provide you with the attached notice of our privacy practices. This law is called the Health Insurance Portability and Accountability Act, or HIPPA, passed by congress in 1996.

This notice tells you how we will use your health information to plan your treatment and file your insurance. It also tells you what your rights are under the federal privacy standards, and what we are required to do to keep your health information private.

This is your copy of our privacy notice so please take it home with you and read it carefully.

The law states that we must keep a signed acknowledgement form in your chart saying that you have received a copy of our privacy notice. Please sign the form and return it to the front desk.

Thank you very much for your cooperation. We promise that we will do all that we can to keep your protected health information safe.

Sincerely,

The Doctors and Staff  
The Neurological Institute, PA

## **The Neurological Institute, P.A.**

**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**

### *Uses and Disclosures*

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*Treatment:* Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluation your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

*Payment:* Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

*Health care operations:* Your health information may be used as necessary to support the day-to-day activities and management of Neurology Consultants of the Carolinas, P.A. For example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

*Law enforcement:* Your health information may be disclosed to law enforcement agencies without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

*Public health reporting:* Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the states public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit in a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

## **Additional Uses of Information**

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Appointment reminders: Your health information will be used by our staff to send you appointment reminders.

Information about treatments: Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

## **Individual Rights**

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You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice.

## **The Neurological Institute Duties**

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We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices

We are also required to abide by the privacy policies and practices that are outlined in this notice.

## **Right to Revise Privacy Practices**

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As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

## **Requests to Inspect Protected Health Information**

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As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the front desk supervisor or the medical records manager.

## **Complaints**

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If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Medical Records Manager  
The Neurological Institute, P.A.  
2219 E 7th Street  
Charlotte, NC 28204

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

## **Contact Person**

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The name and address of the person you can contact for further information concerning our privacy practices is:

Practice Administrator  
The Neurological Institute, P.A.  
2219 E 7th Street  
Charlotte, NC 28204  
704-372-3714 x19

## **Effective Date**

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This notice is effective on or after April 14, 2003

**Acknowledgment of Receipt of Notice of Privacy Practices**

The Neurological Institute, P.A. reserves the right to modify the privacy practices outlined in the notice

Signature

I have received a copy of the Notice of Privacy Practices for The Neurological Institute, PA

Name of Patient (Print or Type)

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Signature of Patient

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Date

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Signature of Patient Representative:

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(Required if patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient:

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Witness:

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Date:

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