THE CENTER FOR NEUROPSYCHOLOGY & LEARNING DISORDERS, INC.
512 Main Street
Wakefield, RI 02879

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 carefully.

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 receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements.

By law we are required to do the following: keep medical information private, give you this notice describing our legal duties, our privacy practices, and your rights regarding your medical information. We have the right to change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law. These changes would be effective for all medical information that we keep, including information previously created or received before the changes. Before we make an important change in our privacy practice, we will change this notice and make the new notice available upon request.

We will not use or disclose your medical information for reasons not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us at the address provided here: CNLD, Inc., P.O. Box 69, Wakefield, RI 02880.

Use and disclosure of your medical information: 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, and other people who are taking care of you. We may disclose medical information about your payment purposes. A bill may be sent to you or a third party payer. The information on or accompanying the bill may include your medical information. For health care operations, we may use and disclose your medical information that might include measuring and improving quality, conducting training programs, getting accreditation, certificates, licenses and credentials we need to serve you. The information provided by you and your physician or referral source is accessible to our staff for use in the ordinary course of business. We may disclose medical information in response to court order, subpoena, discovery request or other lawful process.

You have the right to have your protected health information amended. We are not required to agree. If we deny your request, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement.

Your individual rights: Upon written request, you have a right to inspect certain parts of your medical information and to get copies for a fee of $1.00 per page plus the cost of postage. You have the right to receive a list of all the times our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions. You may request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree with these additional restrictions, but you may file a statement of disagreement with us and we may prepare a rebuttal to your statement.

If you have any questions about this notice or if you think that 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. You may contact us to submit a complaint by writing to the following address: CNLD, Inc., P.O. Box 69, Wakefield, RI 02880. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.