

Health Insurance Portability and Accountability Act (HIPAA)

You have been supplied with and read the Notice of Privacy Practices which informs you how Contemporary Neurology, Gena L Romanow MD PC may use and disclose protected health information about you. This information is compliant with the most recent Health Insurance Portability and Accountability Act (HIPAA). Should this change, we will display the new policy and the effective date at this office location. You have the right to request restrictions on how your protected health information may be used or disclosed for treatment, payment, or health care operations. We are not required to agree with your requests but will make every effort to. By signing at the bottom of this page you acknowledge that you have had the opportunity to review our Notice of Privacy Practices.

It is our priority to respect your privacy. Please fill out below (initial one answer):

_____ You may leave a message stating a normal lab/test result, prescription information or answering my phone call on this number: _____

_____ You may **NOT** leave any message on my phone.

You may speak to the following person about my condition when I am not present:

Notice of Privacy Practices for CRISP Participation

We have chosen to participate in the Chesapeake Regional Information System (CRISP) for our patients, a region health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt-out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or their website at www.crisphealth.org. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

Sign: _____ Date: _____