

Notice of Privacy Practices

Effective Date: March 27, 2025

This Notice describes how your medical information may be used and disclosed and how you can access this information. Please review it carefully.

1. Our Commitment to Your Privacy

At **NeuroMotion Telehealth LLC**, we are committed to protecting your health information in compliance with the **Health Insurance Portability and Accountability Act (HIPAA)**. This notice explains how we may use and disclose your **Protected Health Information (PHI)** and your rights regarding this information.

2. How We May Use and Disclose Your Health Information

We may use and share your **PHI** without your written permission in the following situations:

a. Treatment

- We may use and share your PHI with healthcare providers involved in your treatment, including doctors, nurses, and specialists.
- We use **Tebra Health** to conduct virtual visits and share necessary health information for treatment purposes.

b. Payment

- We may share your information with insurance providers or third-party payers to obtain payment for services provided.
- We may contact you for billing and payment-related matters.

c. Healthcare Operations

- We may use your PHI to improve our services, conduct quality assessments, and provide staff training.
- We may contact you to schedule appointments, provide follow-up care, or discuss treatment options.

d. Legal Requirements

We may disclose your PHI when required by law, including:

- **Public Health & Safety:** Reporting communicable diseases, abuse, neglect, or domestic violence.
- **Legal Proceedings:** In response to a court order, subpoena, or legal investigation.
- **Law Enforcement:** When required to assist law enforcement in investigations or locate missing persons.

e. Business Associates

We may share your PHI with third-party service providers ("business associates") who help us operate our practice, such as **Tebra Health** for virtual visits and payment processors. These business associates are legally required to protect your PHI.

f. Marketing, Testimonials, & Reviews

- We may request **testimonials and Google reviews** regarding your experience with our services. Your participation is voluntary, and your testimonial will not include your health details unless you consent.

3. Your Rights Regarding Your PHI

You have the following rights regarding your protected health information:

a. Right to Access & Copies

- You may request access to your medical records and obtain copies. Fees may apply for copies.

b. Right to Request Corrections

- If you believe your PHI is incorrect or incomplete, you may request an amendment. We may deny requests if the record is deemed accurate.

c. Right to Request Confidential Communications

- You may request that we communicate with you in a specific way (e.g., only by email or phone).

d. Right to Restrict Uses & Disclosures

- You may request restrictions on how we use or disclose your PHI. While we will consider your request, we are not required to agree unless it relates to a disclosure to your health plan for a service you paid for out of pocket.

e. Right to an Accounting of Disclosures

- You may request a list of certain disclosures we have made of your PHI, excluding those for treatment, payment, and healthcare operations.

f. Right to a Paper Copy of This Notice

- You have the right to request a paper copy of this notice at any time, even if you received it electronically.

4. Our Responsibilities

NeuroMotion Telehealth LLC is required by law to:

- Protect the privacy and security of your PHI.
- Provide this notice explaining our legal duties and privacy practices.
- Follow the terms of this notice.
- Notify you if a breach occurs that may have compromised the privacy of your PHI.





5. Changes to This Notice

We reserve the right to update this **Notice of Privacy Practices** at any time. Updates will apply to all PHI we maintain and will be available on our website at [**www.neuromotiontelehealth.com**](http://www.neuromotiontelehealth.com).

6. Complaints & Contact Information

If you believe your privacy rights have been violated, you may file a complaint with us or with the **U.S. Department of Health and Human Services (HHS)**. You will not be penalized for filing a complaint.

To Contact Us:

 **NeuroMotion Telehealth**
 www.neuromotiontelehealth.com
 hello@neuromotiontelehealth.com
 307-213-9103

To File a Complaint with HHS:

Office for Civil Rights
U.S. Department of Health & Human Services
 1-800-368-1019
 www.hhs.gov/ocr/privacy