

Patient Privacy Policy for

Dr Jeremy Rees, Consultant Neurologist

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.

Effective Date: May 2018

If you have any questions about this notice, please contact Dr Jeremy Rees on Jeremy.rees@ucl.ac.uk or by phoning his PA, Zara Martin, on 020 3448 3782 or emailing zmartin@qsenterprises.com.

My Pledge Regarding your Confidential Medical Information

I understand that medical information about you and your health is personal, and I am committed to protecting it. A record of the care and services that I provide for you at Queen Square Private Consulting Rooms, Spire Bushey Hospital, BMI Bishops Wood Hospital and 999 Medical Centre is created and maintained in both hard and electronic copies, which are encrypted. This privacy notice applies to all of those records of your care.

I am required by law to:

- A. Make sure that medical information that identifies you is kept private and that it is not disclosed to other parties except as documented below.
- B. Provide you this Notice of my legal duties and privacy practices regarding your medical records
- C. Follow the terms of this Notice that is currently in effect. I may change my privacy practices and the terms of my Notice at any time. If I make changes, I will post a new Privacy Notice. The new Notice will be effective for all confidential medical information that I maintain at that time. Upon your request, I will provide you with any revised Notice of Privacy Practices. You may obtain a copy by calling my office at 020 3448 3782 and requesting that a revised copy be sent to you by post or by asking for one at the time of your next consultation. The new Notice will also be posted on my website, www.london-neurology.co.uk

Purpose of This Privacy Notice

This Privacy Notice describes how I may use and disclose your confidential medical information to carry out assessment, treatment, request payment or for any other purposes that are permitted or required by law and necessary for your ongoing medical care. The Notice describes your rights to access and control your confidential medical information, which includes demographic information (name, address, Date of Birth, contact details etc) that may identify you and information that relates to your past, present or future physical or mental health condition and related health care services.

This Notice describes the practices regarding the use of your medical information by myself and by my PA, my typist, my billing secretary and by receptionists, clerical staff and other Healthcare Professionals who will come into contact with you while you receive treatment under my care.

How I May Use and Disclose Medical Information About You

The following categories describe ways that I may use and disclose Confidential Medical Information about you. Not every use or disclosure in each category is listed; however, all of the ways I am permitted to use and disclose information fall into one of these categories:

For Treatment: I may use medical information about you to provide, coordinate, or manage your medical or surgical treatment. For example, I may disclose Confidential Medical Information about you to other doctors, nurses, therapists or health care providers who are or will be involved in your care. If you need hospital treatment, I will disclose your Confidential Medical Information, as necessary, to the nursing, therapy and other medical staff that provide care to you. Another example is that I will provide your Confidential Medical Information to another doctor whom you have been referred to ensure that (s)he has the necessary information to diagnose and treat you. I will also disclose your information to your GP for continuing care purposes, in the same way that your GP discloses information to me. I may access, use and disclose Confidential Medical Information for treatment and care coordination purposes via electronic queries and exchanges. Examples of this include, but are not limited to, emails to and from my PA or other doctors, accessing your scan or blood test results on the software available in the centre where you are treated or obtaining copies of medical records from other healthcare providers.

For Payment: I may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. Having said that, **I would never disclose Confidential Medical Information to your Private Medical Insurer (PMI) without your express authority and written consent.** I may also tell your PMI about a treatment or investigation I am recommending in order to obtain prior approval and to determine whether your policy will cover the treatment. For example, obtaining approval for a hospital stay may require that your Confidential Medical Information be disclosed to the PMI to obtain approval for the hospital admission.

Normal Healthcare Activity: I will call you by name in the waiting room when I am ready to see you. I may use or disclose your Confidential Medical Information, as necessary, to contact you to remind you of your appointment/procedure.

To Others Involved in Your Healthcare: I may disclose your Confidential Medical Information to a member of your family, a relative, a close friend or any other person you identify, but only if they are directly involved in your health care or payment for your care. If you are unable to agree or object to such a disclosure, I may disclose such information as necessary if I determine that it is in your best interest based on my professional judgment. I may use or disclose Confidential Medical Information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location and general condition.

Emergencies: I may use or disclose your Confidential Medical Information in an emergency situation in your best interests. If this happens, I will try to obtain your acknowledgement of receipt of the Notice of Privacy Practices as soon as practicable after the delivery of emergency treatment.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunities to Object

I may use or disclose your Confidential Medical Information in the following circumstances without your consent or authorization. These situations include:

Required By Law: I may use or disclose your Confidential Medical Information to the extent that the law requires the use or disclosure. This will always be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. These may include but may not be limited to Public Health, Communicable Diseases, Legal Proceedings, Law Enforcement, Coroners and Funeral Directors.

Your Rights

The following is a statement of your rights with respect to your Confidential Medical Information and a brief description of how you may exercise these rights.

- A. You have the right to inspect and copy your confidential medical records. This means you may inspect and obtain a copy of Confidential Medical Information about you that is contained in your medical records for as long as I maintain these records (in most cases this is for 7 years). A "Patient File" contains medical and billing records and any other records that I and the Private Hospital or Medical Center use for making decisions about you. You will be asked to pay a fee for a copy of this record (Currently £50).

Depending on the circumstances, I may decide to deny you access. In some circumstances, you may have a right to have this decision reviewed. Please contact the Privacy Officer at the Hospital/Medical Centre where you are being treated if you have questions about access to your Patient File.

- B. You have the right to request a restriction of your Confidential Medical Information. This means you may ask me not to use or disclose any part of your Confidential Medical Information for the purposes of treatment, payment or normal healthcare activity. You may also request that any part of your Confidential Medical Information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described above. Your request must state the specific restriction requested and to whom you want the restriction to apply.

I will consider your request, but I am not required to agree to it. If I believe it is in your best interest to permit use and disclosure of your Confidential Medical Information, I will not restrict its disclosure. If I do agree to the requested restriction, I may not use or disclose your Confidential Medical Information in violation of that restriction, unless it is required by law or needed to provide emergency treatment. You may request a restriction by contacting and discussing the issue with the Privacy Officer at the Hospital/Medical Centre where you are being treated and placing the request in writing.

- C. You may have the right to amend your Confidential Medical Information. If you feel that medical information I have about you is incorrect or incomplete, you may ask me to amend the information by submitting your request in writing with a reason for your request. In certain cases, I may deny your request for an amendment and, if I do deny your request, you

have the right to file a statement of disagreement with me so that I may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

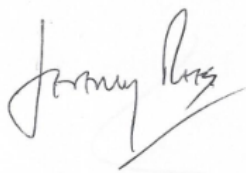
- D. You have the right to receive a list of certain disclosures I have made, if any, of your Confidential Medical Information for any time since I first saw you except for
 - A. disclosures for treatment, payment or health care operations
 - B. disclosures made to you
 - C. disclosures for national security and law enforcement purposes including the Drivers and Vehicle Licensing Authority
 - D. disclosures made with your written authorization

If you wish to make such a request, please contact my PA. The first accounting that you request in a 12-month period will be free, but I may charge you for my reasonable costs of providing additional lists in the same 12-month period. I will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

You will receive a paper copy of this notice from my PA, upon request, even if you have agreed to accept this Notice electronically.

Complaints

You may complain to me or to the Privacy Officers of Queen Square Enterprises, Spire Bushey, BMI Bishops Wood or 999 Medical Centre if you believe I have violated your privacy rights. You may file a complaint with me by notifying the Privacy Officer at the Hospital/Medical Centre where you are being treated of your complaint in writing. I will not retaliate against you for filing a complaint.



Dr Jeremy Rees

May 2018