



**RAJIV M. JOSEPH, M.D., Ph.D., F.A.A.N.**

**NEUROLOGY & SLEEP MEDICINE**

www.DallasNeurology.com • www.SleepDisordersClinic.com

7920 PRESTON RD. #100, PLANO, TX 75024  
2719 BELT LINE RD., GARLAND, TX 75044  
TEL: 972-712-4141 • FAX: 972-712-4555

## **NOTICE OF PRIVACY PRACTICES**

I understand that as part of my healthcare, Dallas Neurology originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment. I understand that this information is utilized to plan my care and treatment, to bill for services provided to me, to communicate with other healthcare providers and other routine healthcare operations such as assessing quality and reviewing competence of healthcare professionals.

Dallas Neurology's Notice of Privacy Policies provides specific information and a complete description of how my personal health information may be used and disclosed. I have been provided a copy of or access to the Notice of Privacy Practices and understand that Dallas Neurology reserves the right to change the Notice of Privacy Practices. If changes are made to the Notice of Privacy Practices, they will be posted in the office where they can be seen, and I will have the opportunity to review the changes. I understand that I have the right to restrict the use/or disclosure of my personal health information for treatment, payment or healthcare operations and that Dallas Neurology is not required to agree to the restriction requested. I may revoke this consent at any time in writing except to the extent that Dallas Neurology has taken action in reliance on my prior consent. This consent is valid until revoked by me in writing.

I further understand that any and all records, whether written, oral or in electronic format, are confidential and cannot be disclosed without my prior written authorization, except as otherwise provided by law.

I have been provided access and have reviewed Dallas Neurology Notice of Privacy Practices dated April 14, 2003

Signature of Patient or Legal Representative

Date:

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Print name of Patient or legal Representative

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