

# Notice of Privacy Practices

*(Effective April 14, 2003)*

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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information means health information, including demographic information, collected from you and created or received by your physician, another health care provider, health plan, your employer or a health care clearinghouse. This protected health information relates to your past, present or future physical or mental health or condition and identifies you, or there is a reasonable basis to believe the information may identify you.

You will be asked by your physician or physician's staff to acknowledge with your initials or signature that you received this Notice of Privacy Practices. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we may obtain at that time. Upon your request, we will provide you with any revised notice of privacy practices.

## **How we may use and disclose your health information**

The law requires us to inform you that we use and disclose your health information for the following purposes.

### **Treatment**

We will use your health information to provide you with health care services or products. We may share your health information with doctors, nurses or other health care providers (such as X-ray, lab and pharmacy) who are involved in your care and who are part of the entity providing your care. With your consent, we may disclose certain health information specified by you to your family, others involved in your care or organizations outside of The Dayton Pain Center, LLC providing health care to you. For example, your protected health information may be provided to a physician to whom you have been referred.

### **Payment**

Your protected health information will be used to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for your health care services, such as making determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for an office procedure or hospital stay may require that your protected health information be disclosed to the health plan. This does not apply if you have specifically asked that we not bill your insurer or plan.

### **Health care operations**

We may use or disclose your protected health information in order to support the business activities of the practice. These activities include, but are not limited to, the day-to-day running of the

practice, quality assessments, employee reviews, training of medical professionals, licensing, marketing, and fundraising, and conducting or arranging for other business activities.

For example, we may disclose your protected health information to medical professional students who see patients in our office. In addition, we may use a sign in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when the physician is ready to see you. We may contact you to remind you of your appointment.

We may provide services with the help of people who are not our employees. This includes billing agents, transcription services, equipment technologists, etc. We call these people or companies our “business associates.” We may give our business associates some access to your health information so they can perform their job duties. We minimize their access as much as possible. They are required to safeguard your protected health information.

We may use to disclose your protected health information to provide you with information about treatment, alternatives or other health related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For Example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products and services that we believe may be beneficial to you. You may contact our privacy contact to request that these materials not be sent to you.

### **Use and disclosures permitted with your authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician’s practice has taken an action in reliance on the use or disclosure indicated in the authorization. Also, unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person’s involvement in your health care.

### **Required disclosures permitted without your authorization**

We may use or disclose protected health information in these following situations without your authorization.

***Required by Law:*** We will release health information about you as required to comply with the law. For example, workers’ compensation or similar programs may require use or disclosure to comply with related laws.

***Public Health:*** We may disclose your protected health information to the government for public health activities as permitted or required by law to report communicable disease exposures and statistics, births and deaths, abuse or neglect. We may disclose your health information to a health oversight agency for audits, investigations, inspections and licensure activities.

***Food & Drug Administration:*** We may disclose your protected health information to report adverse events and product defects or problems; to enable product recalls; or to make repairs or replacements.

***Legal Proceedings:*** We may disclose your health information in the course of any judicial or administrative proceedings.

**Law Enforcement:** We may disclose your health information to prevent a serious and imminent threat to the health or safety of a person or the public, or to help the police apprehend a person involved with a violent crime that may have seriously harmed someone. Additionally your health information may be disclosed to a law enforcement official in response to a court or administrative order, subpoena, warrant, summons or similar process; to identify or locate a suspect, witness or missing person; to identify a victim of crime if, under certain limited circumstances, we are unable to obtain the victim's agreement; or in emergency circumstances to report the location and perpetrator of a crime.

**Organ Donation:** We may disclose health information to organ donation organizations to assist with organ or tissue donation and transplantation, consistent with applicable law

**Coroners and Funeral Directors:** We may disclose health information to a coroner or funeral director as permitted or required by law to identify a deceased person, determine the cause of death or to carry out their necessary duties.

**Research:** We may disclose your health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to insure the privacy of your health information.

**Military Activity & National Security:** We may use or disclose your protected health information for military, national security or lawful intelligence activities.

**Workers' Compensation:** Your protected health information may be disclosed by us as authorized to comply with Workers' Compensation laws and other similar legally established programs.

**Correctional Facilities:** Your health information may be used or disclosed to a correctional institution if you are an inmate, as necessary for your health and the health and safety of other people.

**Emergencies:** We may use or disclose your protected health information in an emergency situation. If this happens, your physician shall try to obtain your consent as soon as possible after the emergency.

**Disaster Relief Efforts:** We may disclose protected health information to an authorized public or private entity to assist in disaster relief efforts.

## **Your rights to your health information**

You have the following rights regarding the health information we maintain about you.

### ***Rights to inspect and copy***

With some exceptions, you have the right to see and request a copy of records that include your health information and are maintained or used by us. In some cases, we may deny your request under federal law. Depending on the circumstances, a decision to deny access may be reviewable. Please contact our privacy contact if you have questions.

### ***Right to amend***

You may ask us to amend a record containing your health information if you feel it is incorrect or incomplete. Your request must be submitted in writing to Health Information Management at the address listed at the end of this notice. You must provide a reason for your request. We may deny your request if, among other reasons, the information was not created by us; is not included in your medical, billing or other records; or is otherwise accurate and complete.

### ***Right to an accounting of disclosures***

You have the right to request a written report of where we sent your health information for up to a six-year period. This does not include disclosures to or authorized by you or disclosures for treatment, payment and health care operations as described in this notice. You must submit your request in writing to Health Information Management at the address listed at the end of this notice. Your request must state a time period of six years or less, and may not include dates before April 14, 2003. The first report you request within a 12-month period will be free. After that, we may charge you for the cost of providing the report.

### ***Right to request restrictions***

You may request that we restrict or limit the health information we use or disclose about you for treatment, payment or health care operations. We are not required to agree with your request. If we agree, we will honor your request unless the information is needed to provide emergency treatment. You must make your request in writing to Health Information Management at the address listed at the end of this notice. In your request, you must tell us (1) what information you want to limit; (2) how you want to limit our use or disclosure; and (3) to whom you want the limits to apply.

### ***Right to request confidential communications***

You have the right to request that we communicate your health information in a certain method or place (such as at work or by mail). You must make your request in writing when you register with us, or to Health Information Management at the address listed at the end of this notice. We will try to meet all reasonable requests.

### **Our legal duties and rights**

The law requires us to protect the privacy of your health information and to provide this notice of our practices. We reserve the right to change our health information practices and the terms of this notice. We reserve the right to make the changed notice effective for health information we already have about you and for new information. The notice will contain an effective date on the first page, in the top right-hand corner. The notice will be placed in a prominent place at each of our patient care sites, and it will be posted on our Web site, [www.daytonpaincenter.com](http://www.daytonpaincenter.com). We will replace the notice on our Web site with updated notices as they become available. In addition, you may request a paper copy of this notice by contacting Patient Relations at the address shown on the back of this brochure. Notices will be available whenever we provide you with health care.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the office manager at The Dayton Pain Center or the physician Dr. B.K. Reddy.

You also may file a complaint with Region V, Office for Civil Rights:

**U.S. Department of Health and Human Services,**

233 N. Michigan Ave., Suite 240, Chicago, IL 60601,

OR

Fax 312-886-1807

All complaints must be made in writing. You will not be penalized for filing a complaint.