



NOTICE OF PRIVACY PRACTICES & YOUR RIGHTS REGARDING YOUR INFORMATION

Effective 06/01/2017

This Privacy 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.

If you have any questions about this notice, please contact the Privacy Officer, Tim Nichols, with Comprehensive Pain Center at 129 Fountains Boulevard, Madison, Mississippi 39110 (769) 300-0730

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Comprehensive Pain Center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by our practice. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices concerning medical information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We use and disclose medical information in many ways. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to our doctors, nurses, technicians, nursing or medical students, or hospital personnel who are involved in taking care of you. We may also share medical information about you in order to coordinate the different things you need such as prescriptions, lab work or diagnostic testing. We may also disclose medical information about you to people who may be involved in your medical care such as family members, clergy, rehabilitation centers, etc.
- **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at Comprehensive Pain Center, may be billed and payment may be collected from you or on your behalf from an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Healthcare Operations:** we may use and disclose medical information about you for our Comprehensive Pain Center operations. These uses and disclosure are necessary to run our organization and make sure that all our patients receive quality care.
- **Appointment Reminders:** we may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Comprehensive Pain Center.
- **Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

- **Health Related Benefits and Services:** we may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. Before we use or disclose medical information for research, we will always ask you for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.
- **As Required by Law:** we will disclose medical information about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety:** we may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **For All Other Uses and Disclosures:** All other uses and disclosures of information not contained in this Notice of Privacy Practices will not be disclosed without your authorization.

SPECIAL SITUATIONS FOR USES AND DISCLOSURE

- **Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs.
- **Public Health Risks:** We may disclose medical information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability
 - to report births and deaths
 - to report child abuse and neglect
 - to report reactions to medications or problems with products
 - to notify people of recalls of products they may be using
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required by law.
- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil right laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement:** We may release medical information if asked to do so by a law enforcement officer:
 - In response to a court order, subpoena, warrant, summons, or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the hospital; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- **Coroners, Medical Examiners, and Funeral Directors:** We may release medical information to a coroner or a medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law
- **Protective Services for the President and others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with Comprehensive Pain Center, please write to the Privacy Officer, Tim Nichols, at Comprehensive Pain Center, 129 Fountains Boulevard, Madison, Mississippi, 39110. All complaints must be submitted in writing. YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to inspect and copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Tim Nichols, Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request, in writing, that the denial be reviewed. Another licensed health care professional chosen by Comprehensive Pain Center, will review your request and the denial. The person conducting the review will not be the person who previously denied your request. We will comply with the outcome of the review.
- **Right to Amend:** If you feel that medical information we have about you is incomplete or incorrect, you may ask us to include additional information in your medical record. You have the right to request an amendment for as long as all the information, both old and new, is kept by or for Comprehensive Pain Center. To request an amendment, your request must be made in writing and submitted to our privacy officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created that information is no longer available to make the amendment;
 - Is not part of the medical information kept by or for our Practice;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.

- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of disclosures we made of medical information about you, excluding disclosures for the purpose of treatment, payment, and healthcare operation. To request this list or accounting of disclosures, you must submit your request in writing to the Administrator. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to our Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- **Right to Request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must tell us how or where you wish to be contacted. If you do not tell us how or where you wish to be contacted, we do not have to follow your request.
- **Right to Restrict Release of Information for Certain Services:** You have the right to restrict the disclosure of information regarding services for which you have paid in full or on an out-of-pocket basis. This information can be released only upon your written authorization.
- **Right to a Paper Copy of this Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, ask any of our office staff or our Privacy Officer or you may write to our Practice at Comprehensive Pain Center at 129 Fountains Boulevard, Madison, Mississippi, 39110.
- **Right to Breach Notification:** You have the right to be notified of any breach of your unsecured healthcare information.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will contain on the first page, the effective date. In addition, each time you are seen for treatment or health care services at our office, we will offer you a copy of the current notice in effect.