

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Purpose: Pain Treatment Centers of America, Interventional Surgery Institute and its faculty, employees, and non-employees follow the privacy practices described in this Notice Pain Treatment Centers of America & Interventional Surgery Institute maintains your health information in records that are kept in a confidential manner, as required by law. Pain Treatment Centers of America & Interventional Surgery Institute must use and disclose or share your health information as necessary for treatment, payment, and health care operations to provide you with quality health care.

Use and Release of Your Health Information for Treatment, Payment, and Health Care

Operations: Pain Treatment Centers of America & Interventional Surgery Institute has to use and release some of your health information to conduct its business. We are permitted to use and release health information without authorization from you. Treatment includes sharing information among health care providers involved in your care. For example, your health care provider may share information about your condition with radiologists or other consultants to make a diagnosis. Pain Treatment Centers of America & Interventional Surgery Institute may use your health information as required by your insurer to determine eligibility or to obtain payment for your treatment. In addition, Pain Treatment Centers of America & Interventional Surgery Institute may use and disclose your health information to improve the quality of care, and for education and training purposes of Pain Treatment Centers of America & Interventional Surgery Institute residents, and faculty.

How will Pain Treatment Centers of America & Interventional Surgery Institute Use and Disclose My Health Information? Your health information may be used for the following purposes unless you ask for restrictions on a specific use or disclosure: *Note:* You will have the opportunity to refuse some of these communications about your health information, indicated by (*)

- Pain Treatment Centers of America & Interventional Surgery Institute directories, which may include your name, general condition, and your location in Pain Treatment Centers of America. (*)
- Family members or close friends involved in your care or payment for treatment. (*)
- Disaster relief agency if you are involved in a disaster relief effort. (*)
- To inform you of treatment alternatives or benefits or services related to your health. (*)
- Appointment reminders.
- Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect, or domestic violence.
- Health oversight activities, such as audits, inspections, investigations, and licensure.
- Law enforcement, as required by federal, state or local law.

Name: _____ DOB: _____ Date: _____

- Lawsuit and disputes, in response to a court or administrative order, subpoena, discovery request or other lawful request.
- Coroners, medical examiners, and funeral directors.
- To prevent a serious threat to health or safety.
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
- National security and intelligence activities to authorized persons to conduct special investigations.
- Workers' Compensation. Your medical information regarding benefits for work-related injuries and illnesses may be released as appropriate.
- To carry out health care treatment, payment, and operations functions through business associates, such as to install a new computer system.

Your Authorization Is Required for Other Disclosures. Except as described above, we will not use or disclose your medical information, unless you allow Pain Treatment Centers of America & Interventional Surgery Institute in writing to do so. You may withdraw or revoke your permission, which will be effective only after the date of your written withdrawal.

Alcohol and drug abuse information has special privacy protections. Pain Treatment Centers of America & Interventional Surgery Institute will not disclose any information identifying an individual as being a patient or provide any health information relating to the patient's substance abuse treatment unless the patient authorizes in writing; to carry out treatment, payment, and operations; or, as required by law.

You Have Rights Regarding Your Health Information. You have the following rights regarding your medical information, if requested on the form(s) provided by Pain Treatment Centers of America & Interventional Surgery Institute:

- **Right to request restriction.** You may request limitations on your health information that we use or disclose for health care treatment, payment, or operations, although we are not required to comply with your request. For example, you may ask us not to disclose that you have had a particular procedure. We will release the information if necessary for emergency treatment. We will notify you in writing whether we honor your request or not.
- **Right to confidential communications.** You may request communications of your health information in a certain way or at a certain location, but you must tell us how or where you wish to be contacted.
- **Right to accounting of disclosures.** You may request a list of the disclosures of your health information that have been made to persons or entities for disclosures unrelated to health care treatment, payment, or operations within the past six (6) years for paper health records, and for electronic health records you may request three (3) years, including disclosures for treatment, payment, or operations. After the first request, there may be a charge.
- **Right to a copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice in our office.

Requirements Regarding This Notice. Pain Treatment Centers of America & Interventional Surgery Institute is required by law to provide you with this Notice. We will comply with this Notice for as long as it is in effect. Pain Treatment Centers of America may change this Notice, and these changes will be

Name: _____ DOB: _____ Date: _____

effective for health information we have about you, as well as any information we receive in the future. Each time you register at Pain Treatment Centers of America & Interventional Surgery Institute for health services, you may receive a copy of the Notice in effect at the time.

Contact Pain Treatment Centers of America at 501-773-6993 or Interventional Surgery Institute if:

- You have any questions about this Notice;
- You wish to request restrictions on uses and disclosures for health care treatment, payment, or operations; or
- You wish to obtain a form to exercise your individual rights.

I acknowledge that I have received & understand this HIPPA notice and may request a copy at any time.

Patient Name: _____

Patient Signature: _____

Date: _____

PTCOA/ISI Employee: _____ **PTCOA/ISS Employee**
Signature: _____ **Date:** _____