

## **Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THE INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **Uses and Disclosures**

1. This practice is permitted to use and disclose your Private Health Information (PHI) without your consent for treatment, payment, and healthcare operations. For example, we may disclose your PHI to the physician who referred you to our practice and to the billing company who processes our billing.
2. This practice is permitted or required to use or disclose your PHI without your consent for the following purposes:
  - a. Uses and disclosures for public health activities;
  - b. Reporting about victims of abuse, neglect, or domestic violence;
  - c. Disclosures for health oversight activities;
  - d. Disclosures for judicial and administrative proceedings;
  - e. Disclosures for law enforcement purposes;
  - f. Uses and disclosures about decedents;
  - g. Uses and disclosures for cadaveric organ, eye, or tissue donation purposes;
  - h. Disclosures to avert a serious threat to health or safety;
  - i. Uses and disclosures for specialized government functions.
3. Other uses or disclosures will be made only with your written authorization. After you have given authorization, you may choose to revoke that authorization. Revocation must be made in writing, and we cannot revoke authorization for already completed disclosures.
4. This practice may contact you to provide appointment reminders or information about treatment or treatment alternatives or other health-related benefits or services that may be of interest to you.

### **Individual Rights**

1. You have the right to request restrictions on certain uses and disclosures, but this practice is not required to agree to a requested restriction.
2. You have the right to receive confidential communications.
3. You have the right to inspect and copy your PHI. This practice may charge a fee for copying. This practice may deny your request if a licensed health care professional determines that your access is reasonably likely to endanger the life or physical safety of any individual, if the information was obtained under promise of confidentiality which may be violated by your access, or if the information was compiled in anticipation of a legal proceeding.
4. You have the right to request to change or amend your PHI. Any requests for changes or amendments must be made in writing. This practice can deny your request under certain circumstances.
5. You have the right to receive an accounting of disclosures of your PHI. This practice is not required to account for disclosures made for the following purposes:

- a. To carry out treatment, payment, or health care operations;
  - b. To patients who are the subject of the PHI (you);
  - c. To correctional institutions or law enforcement officials;
  - d. In accordance with your authorization; or
  - e. Prior to the HIPAA compliance date.
6. You have the right to obtain paper copy of this notice upon request.

### **The Duties of this Practice**

1. This practice is required by law to maintain the privacy of confidential information and to provide you with notice of its legal duties and privacy practices.
2. This practice is required to abide by the terms of the notice currently in effect.
3. This practice reserves the right to change the terms of this notice and to make the provisions of the new notice effective for all confidential information it maintains. This practice will provide you a copy of the current notice upon request. This practice will also maintain the current copy of the notice on its website, if one exists.

### **Complaints**

1. You may complain to this practice and to the Secretary of the DHHS (Department of Health and Human Services) if you believe your privacy rights have been violated. This practice will not retaliate against you in the event of a complaint. To issue a complaint to this office, provide the complaint in writing to the HIPAA Privacy Officer, whose contact information is listed below.

Effective date: July 1, 2006

HIPAA Privacy Officer  
Interventional Pain Care, LLC  
P.O. Box 1736  
Muncie, IN 47308  
(765) 751-5063

## Acknowledgement of Notice

I acknowledge receipt of the *Notice of Privacy Practices* for Interventional Pain Care, LLC.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Name (please print)