

**Notice OF Privacy Practices
Advanced Pain Medicine, PSC
Effective Date: December 1, 2007**

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.

If you have any questions about this notice, please contact our Privacy Officer at the address or phone number listed at the end of this notice.

Who Will Follow This Notice:

This notice describes the privacy practices of Advanced Pain Medicine, PSC, its employees, staff and any other health care professionals authorized to enter information into your medical chart that is maintained by Advanced Pain Medicine, PSC. When used in this notice, the terms “we”, “our” and “us” refer to Advanced Pain Medicine, PSC, its employees, staff and other health care professionals authorized to enter information into your medical chart that is maintained by Advanced Pain Medicine, PSC.

You will be offered a copy of the current notice the first time we deliver services to you. You will also be asked to acknowledge in writing your receipt of this notice.

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 care and services you receive at our office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Advanced Pain Medicine, PSC, whether made by office personnel or your personal doctor.

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 notice of our legal duties and privacy practices with respect to medical information about you; and
 - Follow the terms of the notice that is currently in effect.

Changes to This Notice:

We may change our privacy policies and practices at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas, and on our website at www.apmpsc.com. You can receive a

copy of the current notice at any time by requesting a copy from our office. The effective date of each notice is listed in the upper right hand corner of the first page of this notice.

How We May Use and Disclose Medical Information About You:

We may use or disclose medical information about you without your prior authorization for several reasons. These reasons include:

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We will record your medical history, actions taken by us to treat you and how you responded to treatment. We may disclose medical information about you to doctors, physician assistants, nurses, technicians, physical therapists, psychiatrists, psychologists or other persons who are involved in taking care of you. For example, a doctor treating you for chronic pain may need to know if you are receiving treatment for depression from another health care provider and may need to coordinate your treatment with that provider.
- **For Payment.** We may use and disclose medical information about you to others for the purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis and treatment or supplies used in the course of treatment.
- **For Health Care Operations.** We may use and disclose medical information about you for operational purposes. These uses and disclosures are necessary to run our office and assess the quality of care our patients receive. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, physicians assistants, nurses, technicians and other personnel to learn how to improve our facilities and services and to determine how to continually improve the quality and effectiveness of the health care we provide.
- **For 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.
- **For 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.
- **For Health Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits and services that may be of interest to you.
- **To Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give

information to someone who helps pay for your care. We may also tell your family, personal representative or friends about your condition and location, or that you have died. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family, personal representative or friends can be notified about your condition and location, or that you have died.

- **For Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research without your authorization, the project will have been approved through this research approval process, except in two cases:
 1. We may disclose medical information about you to people preparing to conduct a research project under certain circumstances, to help them look for patients with specific medical needs, so long as the medical information they review does not leave our office, and
 2. We may disclose medical information about you to people conducting a research project on deceased persons, if the researcher represents that your medical information is necessary for the research and provides proof that you have died. Also we may create a limited data set (health information stripped of most of the information that could identify you) or use or disclose it only for the purposes of research or public health, or for our own operational purposes. If we disclose the limited data set, the recipient will have agreed or will agree in writing to protect the privacy of any medical information they receive.
- **As Required By Law.** We will use or disclose medical information about you to the extent that the use of disclosure is required by law. the use of disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such disclosures.
- **To Avert A Serious Threat to Health or Safety.** We may, consistent with
with applicable law and standards of ethical conduct, use or disclose medical information about you if we believe that the use or disclosure is necessary to prevent or lessen a serious threat to the health or safety of a person or the public; provided that, if a disclosure is made, it must be to a person (s) reasonably able to prevent or lessen the threat. We may also use or disclose protected

health information if we believe that the use or disclosure is

necessary for law enforcement authorities to identify or apprehend an individual who: (1) admits to participation in a violent crime that we reasonably believe caused serious physical harm to the victim, or (2) appears to have escaped from a correctional institution or lawful custody.

- **To Business Associates.** We may disclose medical information to an organization that performs services necessary for us to provide health care services to you, such as accountants or companies providing data processing services, if they need medical information in order to provide these services to us. These “Business Associates” have agreed or will agree in writing to protect the privacy of any medical information they receive.
- **For Military Activities.** We may use or disclose health information about you if you are a member of the Armed Forces for activities deemed necessary to assure proper execution of military missions, provided certain conditions are met. We may also use or disclose health information about you if you are a member of a foreign military force to your appropriate foreign military authority for activities deemed necessary to assure proper execution of military missions, provided certain conditions are met.
- **For Workers’ Compensation Purposes.** We may disclose health information about you to the extent authorized by and necessary to comply with laws relating to workers’ compensation or to other similar programs established by law.
- **For Public Health Activities.** We may disclose health information about you for public health activities and purposes to:
 - A public health authority that is permitted by law to collect or receive the information for the purpose of preventing or controlling diseases, injury or disability.
 - A public health authority or other governmental authority that is authorized by law to receive reports of child abuse or neglect.
 - A person subject to the jurisdiction of the Food and Drug Administration (FDA), for public health purposes related to the quality, safety or effectiveness of FDA regulated products or activities such as collecting or reporting adverse events, dangerous products and defects or problems with FDA regulated products.
 - A person who may be at risk of contracting or spreading a disease, if such disclosure is authorized by law.

- Your employer, for the purposes of conducting an evaluation of medical surveillance of the workplace or for the purposes of evaluating whether you have a work-related illness or injury.
- **When We Believe You to be a Victim of Abuse or Neglect.** We may disclose health information about you if we believe that you have been the victim of abuse, neglect or domestic violence to the the governmental entity or agency authorized to receive such information. If you do not agree to this disclosure, the disclosure will be made consistent with the requirements of applicable federal and state laws, and only if required or authorized by law.
- **For Health Oversight Activities.** We may disclose health information about you to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. Oversight agencies seeking this information include governmental agencies that oversee the health care system, governmental benefit programs, other governmental regulatory programs and entities subject to civil rights laws.
 - Your employer, for the purposes of conducting an evaluation of medical surveillance of the workplace or for the purposes of evaluating whether you have a work-related illness or injury.
 -
- **For Judicial and Administrative Proceedings.** We may disclose health information about in the course of any judicial or administrative proceedings, in response to an order of a court or administrative tribunal or under certain conditions, in response to a subpoena, discovery request or other administrative tribunal.
- **For Law Enforcement Purposes.** We may disclose health information about you for a law enforcement purpose to a law enforcement official if certain conditions are met.
- **For National Security and Intelligence Activities.** We may disclose health information about you to authorized federal officials for for the conduct of lawful intelligence, counter-intelligence and other national security activities authorized by the national security activities authorized by the National Security Act and implementing authority. We may also disclose health information about you to authorized federal officials for the protection of the President or other persons, or certain federal investigations.

- **For the Information of Correctional Institutions or other Law Enforcement Custodians.** Should you be an inmate of a Correctional institution or be in the custody of a law enforcement official, we may discuss your health lawful information to the institution or the official, if necessary for your health, the health and safety of other inmates or law enforcement, and the safety of the institution at which you reside. An inmate does not have the right to the Notice of Privacy Practices.

Other Uses and disclosures of Medical Information.

In any other situation not covered by this notice, we will ask for your written authorization before disclosing medical information about you. If you choose to authorize such uses or disclosures, you can later revoke that authorization by notifying us in writing of your decision, except the revocation will not apply to (1) actions we have already taken in reliance on the authorization, or (2) situations where the authorization was obtained as a condition of getting insurance coverage, and other law provides the insurer with a right to contest a claim under the policy or the policy, itself.

Your Rights Regarding Medical Information about You:

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

- ❖ **Right to Inspect and Copy.** In most cases, you have the right to look at and to get a copy of your medical records and billing records that we maintain or that are maintained for us, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing the copies (if we mail the copies to you), and providing summary of your records, if you request a summary. If we deny your request to review or obtain a copy of your medical or billing records, you may submit a written request for a review of that decision.
- ❖ **Right to Request an Amendment to Your Medical Record.** If you believe that information in your medical or billing records is incorrect or if important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the information maintained about you by or for us; or if we determine that the record is accurate. You may appeal in writing, a decision by us not to amend a record.
- ❖ **Right to an Accounting of Disclosures.** You have the right to a list of those instances where we have disclosed medical information about you, except in certain instances, such as : disclosures for treatment, payment and health care operations; disclosures made to you; disclosures incident to a use or disclosure permitted or required by the Federal Privacy Rule; disclosures specifically authorized by you; disclosures to persons involved in your care or to disaster relief authorities; disclosures for national security and intelligence

purposes; disclosures to correctional institutions or law enforcement officials; disclosures that are part of a limited data set; and disclosures occurring prior to April 14, 2003.

You must submit a written request to obtain the list of those instances where we have disclosed medical information about you. The request must state the time period desired for the accounting, which must be less than a 6 year period from the date of the request and starting after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12 month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.

- ❖ **Right to a Copy of this Notice.** You have the right to a paper copy of this notice upon request.
- ❖ **Right to Request Confidential Communication.** You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.
- ❖ **Right to Request Restrictions.** You may request, in writing, that we do not use or disclose medical information about you for treatment, payment or healthcare operations, or to persons involved in your care except when specifically authorized by you, when required by law or in an emergency. **We will consider your request but we are not legally required to accept it.** We will inform you of our decision of your request.

All written requests or appeals should be submitted to our Privacy Office listed at the bottom of this notice.

Complaints

If you are concerned that your privacy rights have been violated or you disagree with a decision we made about access to your records, you may contact our Privacy Officer, listed below. You may also send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights. Our Chief Privacy Officer can provide the address to you. Under no circumstances will you be penalized or retaliated against for filing a complaint.

Privacy Officer

Bharat C. Dubal, MS, MT (ASCP), CC(NRCC)
Advanced Pain Medicine, PSC
1745 Alysheba Way, Suite 140
Lexington, Kentucky 40509

Phone: (859) 271-3114
Fax: (859) 271-0220

TSR 10/23/07