

Patient Name: _____ **Date of Birth:** _____

HIPPA NOTICE OF PRIVACY PRACTICES

HEALTH INFORMATION THAT WE MAINTAIN ABOUT YOU

We maintain records of:

- Your name and (if different) the name and relationship of the person receiving Treatment. .
- Your address
- Your telephone number
- Your (or the patient's, if different) condition
- The date the doctor diagnosed the condition
- Clinical findings related to the condition such as results of blood tests, procedures, examinations, and diagnostic modalities.
- Your insurance and other coverage information such as billing records.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- Request restrictions on certain uses and disclosures (we are not required to agree to the restriction)
- receive communications of protected health information by alternative means or at alternative locations such as home telephone numbers, cell phones, etc. We may leave messages at any or all telephone numbers listed by patient on the patient information form. We may contact any person left as an emergency contact listed on patient information form. We may contact the patient's spouse relaying any message regarding care, appointment or any necessary information deemed necessary for the patient's treatment or care.
- inspect, copy and amend your protected health information held at Interventional Pain Associates.
- receive an accounting of certain disclosures (of your protected health information)
- receive a paper copy of this notice even if you have received it electronically.
-

HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We only use or disclose your health information as state and federal laws require or permit. In some cases, the law requires that you authorize the disclosure. In other cases, the law allows us to disclose your health information without your authorization.

Use and Disclosure Not Requiring Your Authorization

Treatment: We may use your health information for our treatment activities, such as disclosing it to other healthcare providers as helpful to treat you.

Payment: We may use and disclose your health information for our payment and collection activities, such as sending claims to insurance companies for the payment of metabolic treatment products.

Healthcare Operations: We may use and disclose your health information to manage our program operations, such as reviewing the quality of services you receive.

Business Associates: We may disclose your health information to organizations that help us with our work, such as the billing service we use to process claims to your health insurance company. We have a written agreement that requires these organizations to use your health information for only the reasons necessary to do the work, and protect it from other uses or disclosures, just like we do.

To Contact You: We may use the information in your health records to contact you if we have information about treatment or other health-related benefits and services that may be of interest to you.

Other Permitted Uses and Disclosures

HIPAA specifically permits us to use or disclose your health information for other purposes without your consent or authorization. In our experience such disclosures are rare, and the limited information we maintain is generally not applicable. However, when authorized by law, and to the extent we may have the information, HIPAA permits us to disclose it to:

- comply with the requirements of federal, state, or local laws, court orders or other lawful process and for administrative or court proceedings
- report a public health authority for the purpose of preventing or controlling disease, injury, or disability
- report to the FDA for the quality, safety or effectiveness of FDA-regulated products or activities
- notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition
- report abuse, neglect or domestic violence to a government authority
- provide necessary information to a health oversight agency for activities such as audits, investigations, inspections, licensure of the healthcare system, government benefit programs and regulated entities
- a law enforcement official for specified law enforcement purposes
- coroners or medical examiners for identification or determining cause of death
- funeral directors to carry out their duties with respect to the decedent
- organ procurement organizations for facilitating donation and transplantation
- researchers conducting studies approved by an Institutional Review Board
- prevent or lessen a serious and imminent threat to the health of safety of a person or the public
- authorized federal officials for specialized government functions such as military and veterans activities;

national security and intelligence activities; protective services for the president; medical suitability determinations; correctional institutions; government entities providing public benefits and

- comply with workers' compensation laws

Uses and Disclosures with Your Authorization

Other uses and disclosures of your personal information require your written authorization. You may revoke your authorization at any time by doing so in writing.

By signing this form I acknowledge that I have read and understood the contract agreement and will follow these instructions during my treatment. I have also received a copy of this agreement for my files.

Patient Name :

Patient Signature:

Date: