



Website Privacy

Any personal information you provide on our website, including your e-mail address, will never be sold or rented to any third-party without your express permission. If you provide us with any personal or contact information in order to receive services, we may collect and store your data. In some instances, we may partner with a third-party to improve our services. In that case, we may need to provide your information to that third party. By using our website, you consent to the collection and use of personal information as detailed herein.

Our site may contain links to other outside websites. We cannot take responsibility for the privacy policies or practices of these sites and we encourage you to check the privacy practices of all Internet sites you visit. While we make every effort to ensure that all the information provided on our website is correct and accurate, we make no warranty, express or implied, as to the accuracy, completeness or timeliness of the information available on our site. We are not liable to anyone for any loss, claim or damages caused in whole or in part by any of the information provided on our website.

Breaches

CoreSmart will notify you if we receive information that there has been a breach involving your PHI.

Complaints

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at CoreSmart Pain Health Institute. See contact information on back.



If you have questions and would like additional information, please contact us at:

CoreSmart
Pain Health Institute

5458 Town Center Road, Suite 103
Boca Raton, FL, 33486
Fax: 561.923.9602

561.923.9599
cure4pain.com



NOTICE OF PRIVACY PRACTICES (HIPAA)

This brochure describes how medical information about you may be used and disclosed by CoreSmart Pain Health Institute and how you can access this information.

Please review this notice carefully.

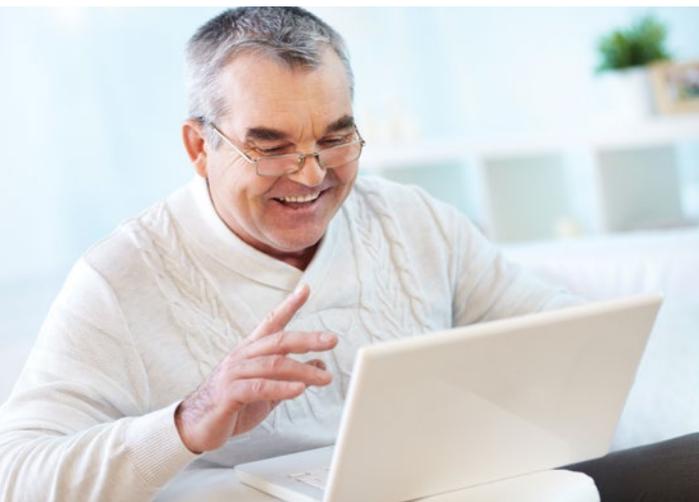
Jarrod D. Friedman, MD
Medical Director
CoreSmart Pain Health Institute
5458 Town Center Road, Suite 103
Boca Raton, Florida, 33486-1026



Thank you for choosing CoreSmart, where our focus is on you and your healthcare needs!

CoreSmart Pain Health Institute is required by law to maintain the privacy of your **Protected Health Information (PHI)**. This information consists of all records we keep related to your health, including demographic information, either created by CoreSmart or received by CoreSmart from other providers.

This **Notice of Privacy Practices** is required by law. It describes how we may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI. We are required to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are also required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of any revised Notice of Privacy Practices by posting a copy on our website, providing one to you at your next appointment, or, if you request, providing you a copy by mail.



How CoreSmart Uses and Discloses Health Care Information About You

Care or Treatment: Your PHI may be used and disclosed to those who are involved in your care for the purpose of providing, coordinating, or managing your health care services. This includes consultation with clinical supervisors or other team members. Your authorization is required to disclose PHI to any other care provider not currently involved in your care. *Example: If another physician referred*

you to us, we may contact that physician to discuss your care. Likewise, if CoreSmart refers you to another physician, we may contact that physician to discuss your care. Additionally, CoreSmart may communicate with your primary/referring physician and any pharmacy/pharmacist regarding use of opioid or controlled substances, or other medications.

Payment/Insurance: Your PHI may be used and disclosed to any parties that are involved in payment for care or treatment, such as your insurance provider. However, if you pay for your care or treatment completely out of pocket with no use of any insurance, you may restrict disclosure of your PHI to your insurer. *Example: Your insurer may require copies of your PHI to fulfill a medical record request or chart audit.*

Healthcare and Business Operations: We may use or disclose your PHI in order to support our healthcare activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. We may also disclose PHI in the course of providing you with appointment reminders or leaving messages on your phone or at your home about questions you asked or test results. *Example: We may share your PHI with third parties that perform various business activities (e.g., Council on Accreditation or other regulatory or licensing bodies) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.*

Research: CoreSmart is active in research and often uses patient information as part of our research. We are constantly evaluating disease conditions, treatment approaches and outcomes to help determine better methods of treatment and evaluate current methods to ensure they continue to provide and ensure the best possible outcomes for our patients. With regard to our research, we do not disclose or utilize your name or personal identifiable demographic details except if we obtain and achieve a special approval process with your permission.

Disclosure Without Authorization: Applicable law and ethical standards permit us to disclose information about you without your authorization in limited instances. Examples of some of the types of uses and disclosures that may be made without your authorization are:

- required by law, including the mandatory reporting of child/elderly abuse or neglect or mandatory government agency audits or investigations (such as the health department)
- required by judicial and administrative proceedings.
- necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or to legal authorities charged with preventing or controlling disease, injury or disability.

Verbal Permission: With your permission, we may disclose your information to family members who are directly involved in your receipt of services.

Written Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which you may revoke at any time.



Your explicit authorization is required to release psychotherapy notes and PHI for the purposes of marketing, subsidized treatment communication and for the sale of such information.

Your Rights Regarding Your PHI:

You have the following rights regarding the PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer:

- **Right of Access to Inspect and Copy.** You have the right to inspect and copy any records generated by CoreSmart. This right may be restricted only in exceptional circumstances. There will be an administrative fee charged for copying these records as permitted by Florida Statute. Records not generated by CoreSmart must be obtained by the original provider.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. Note, however, that we are not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for services, payment, or business operations. We are not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about PHI matters in a specific manner (e.g. via telephone, email, postal mail, etc.).
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.