
Metro Denver Pain Management, PLLC D/B/A MD Pain

Notice of Privacy Practices



Your Information.

Your Rights.

Our Responsibilities.

This notice describes how medical information about you may be used, disclosed, and how you can get access to this information.

Please review it carefully.

When it comes to your health information, you have certain rights. This section of our Notice of Privacy Practices explains your rights and some of our responsibilities to help you.

How to request an electronic or paper copy of your medical record:

- You can request an electronic or paper copy of your medical record and other health information we have for you on file
- We will provide a copy or summary of your health information usually within 30 days of your request. We may charge a reasonable fee.

Ask us to correct your medical record:

- You can ask us to correct your health information if you think it is incorrect or incomplete. Ask us how to do this.
- We may decline your request, but we will tell you why in writing within 60 days.

Request confidential communications:

- You can request that we contact you in a specific way (Example: home phone, office phone, or sending e-mails to a specific email address).
- We will say “yes” to all reasonable requests.

Ask us to limit or not share certain information:

- You may ask us to limit or not share certain health information used for treatment, payment or our medical practice operations.
- We are not required to agree to your request and we may decline if it impacts your care in anyway. If you pay for a health service or particular care item out-of-pocket in full, you may ask us not to share this information for the purpose of payment or operations with your health insurer.
- We will say “yes” unless a law or regulation requires us to share this particular information.

Get a list of those with whom we’ve shared information:

- You may request a list of who and when we have shared your health information for six years prior to the date of your request.
- We will include all disclosures except for those regarding treatment, payment, health care operations and any other disclosures restricted by regulations. We will provide one disclosure per year free of charge, but will assess a reasonable fee if you request a second disclosure within 12 months of the first one.

How to obtain a copy of this privacy notice:

- You may request a paper copy of this notice at any time from our office staff and it will be promptly provided.

Appoint someone to act on your behalf:

- If you have given someone a medical power of attorney or if someone is your legal guardian, this person can exercise your rights and make choices or decisions about your health information.
- We will validate this individual has authority and can act for you before we take any action.

How to file a Compliant:

- If you believe your rights have been violated, please contact our Privacy officer at (303) 750-8100, or you may file a compliant with the US Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a compliant.

For certain health information, you can tell us how you may like us to share your information.

If you have clear preferences for how we share your health information, described more fully below, please talk with us. Tell us what you would prefer we do and we will follow your instructions.

In these cases, you have both the right and choice to instruct us as to your preferences:

- Sharing information with your family, close friends, or others involved in your care.
- Sharing information in a disaster relief situation.
- Including your information in a hospital directory.

You may change your instructions to us at any time. If you are not able to communicate your instructions, for example if you were unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these situations, we will never share your health information unless you give us written permission:

- Marketing purposes
- Sale of your health information
- Sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can unsubscribe from these solicitations at any time.

Disclosures related to substance abuse treatment:

- Please be aware that if we are required to provide information to federal or state agencies about any substance abuse treatment, those agencies are required to maintain the confidentiality of that information unless you give your prior written consent.

Confidentiality of that information is subject to certain exceptions to medical personnel in an immediate emergency, for the purpose of conducting scientific research, management or financial audits, or program evaluation. Individual patients cannot be identified by those personnel in any report or otherwise disclosed unless dictated by court order. Except as authorized by court order, no record containing this information may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

How we utilize and disclose your health information:

Metro Denver Pain Management, PLLC typically uses or shares your health information in the ways noted below.

Providing you care:

- Our providers use your health information and share it with other healthcare professionals who participate in your care.

Example: A physician treating you for a particular healthcare issue confers or discusses your medical issues with another provider.

The practice's use of your health information:

- We can use and share your health information to operate our practice, improve your care, and contact you when necessary.

Example: We share your health information to schedule you for a procedure at an ambulatory surgery center.

Bill for our services:

- We use and share your health information to bill your insurance carrier and to obtain payment for our medical services.

Example: We share your health to gain pre-authorization when necessary from your insurance carrier. We also share your health information with your Insurance carrier when we submit claims for payment.

How else can we use your health information?

- We may also be required to share your health information in ways which usually contribute to the public good, such as public health and research. We have to meet legal requirements before we can share your health information for these purposes.

Help with public health and safety issues:

- We can share health information about you for certain situations such as:
 - ~ Preventing disease
 - ~ Helping with product recalls.
 - ~ Reporting adverse reactions to medications.
 - ~ Reporting suspected abuse, neglect or domestic violence.
 - ~ Preventing or reducing a serious threat to anyone's health or safety.

Health research:

- We may use or share your health information for health research.

Comply with state or federal laws:

- We may share your health information if state or federal law requires it, including with the Department of Health and Human Services for purposes of identifying that we are complying with the federal privacy laws.
- We can also share information about you with organ and tissue procurement organizations.

Respond to lawsuits and legal actions:

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual passes away.

Respond to workers' compensation, law enforcement and other government requests

- We may share health information about you:
 - ~ For workers' compensation claims.
 - ~ For law enforcement purposes or with a law enforcement official.
 - ~ With health oversight agencies for activities authorized by law.
 - ~ For special government functions such as military, national security, and presidential protective services.

Additional requirements:

- We are required by law to maintain the privacy and security of your protected health information.
- We will inform you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy upon request.
- We will not use or share your protected health information other than as described here unless you tell us we can in writing. You may change your preferences any time.

Changes to the terms of This Notice:

We may change the terms of this notice and the changes will apply to all information we have on file for you. A new notice will be available upon request in our office or on our web site with any new changes.

This Notice of Privacy Practices applies to the following organizations:

Metro Denver Pain Management PLLC D/B/A MD Pain.

Metro Denver Pain Management PLLC endorses, supports and participates in electronic Health Information Exchange (HIE) as a means to improve the quality of your health and healthcare experience. However, you may choose to opt out of participation in the HIE or cancel or opt-out at any time. If you choose to opt out of HIE please send a written request to:

**Metro Denver Pain management PLLC
Attn: Privacy Officer
6950 East Belleview Ave, Suite 300
Greenwood Village, CO 80111**

**For additional information on the HIPAA Privacy Regulations
please refer to:**

www.hhs.gov/ocr/privacy/hipaa/ubnderstanding/consumers/index.html

Questions? If you have questions about our Notice of Privacy Practices or want more information, please contact our Privacy Officer at (303) 750-8100 or email at Compliance@MDPain.net.