Southern Pain Specialists - Notice of Privacy Practices

This notice summarizes the privacy practices of Southern Pain Specialists (SPS), their workforce, medical staff, physicians and other health care professionals who provide you with treatment and health care. We may share protected health information, including electronic protected health information ("Health Information"), about you for purposes described in this notice.

What is Health Information?

Health Information is information that SPS collects from you when you are a patient that identifies who you are. Health Information includes information such as your name, date of birth, dates of services, diagnosis, treatments, genetic information, financial information, medications, demographic information (name, address, home/cellular/work telephone numbers, email] addresses, and social security number), photographs, etc. This information is important because it allows medical staff to treat you more efficiently and effectively.

Who Follows this Notice?

All employees, medical staff, trainees, students, volunteers, and agents within SPS are required to follow these privacy practices.

Our Obligations

We are required by law to:

- Maintain confidentiality of health information
- Give you notice of our legal duties and privacy practices regarding Health Information
- Follow the terms of this Notice of Privacy Practice

How We May Use and Disclose Your Health Information

When you receive services or treatment from SPS, you will be asked to sign a consent form in which you allow us to use and disclose your Health Information in ways that are permitted by federal privacy law, as summarized in this notice.

Uses and Disclosures that Require Your Authorization

In most circumstances, the following uses and disclosures of Health Information will require that you sign a written authorization for:

1) Uses and disclosures for psychotherapy notes
2) Uses and disclosures for marketing purposes
3) Uses and disclosures where SPS would receive payment in exchange
4) Any other uses and disclosures not described in this notice.

Uses and Disclosures that Do Not Require Your Authorization

The following activities describe ways we may use and disclose Health Information **without** obtaining your prior written authorization. Some categories include examples, but not every type of use or disclosure included in a category is listed.

1) **For Treatment.** We may use Health Information to treat you or provide you with health care services. We may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our facilities or clinics who, are involved in your medical care. For example, we may tell your primary care physician about your treatment at SPS, or give Health Information to a specialist to provide you with additional health care services as appropriate for treatment purposes.
2) **For Payment.** We may use and disclose Health Information so that we, or others may bill or receive payment from you, a government program, an insurance company or other responsible third party for the treatment and health care services you receive. For example, we may give your health plan information about your treatment

so that your health plan is able to pay for the cost of such treatment. We also may tell your health plan about the services that you are going to receive to obtain prior approval or to determine whether your plan will cover the services.

3) **For Health Care Operations.** We may use and disclose Health Information for health care operations, which are administrative activities involved in operating SPS. These uses and disclosures are necessary to maintain quality care when delivering services to our patients and for our business and management purposes. For example, we may use Health Information to review the adequacy and quality of the care that our patients receive.
4) **Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.** We may use and disclose Health Information to contact you as a reminder that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment options, alternatives, health-related benefits, or services that may be of interest to you.
5) **Daily Schedules and Patient Directories**
6) **For Post-Appointment Surveys**
7) **Individuals Involved in Your Care or Payment for Your Care.** We may disclose Health Information to a person, such as a family member or friend, who is involved in your medical care or helps pay for your care, such as a family member or friend. We also may notify such individuals about your location or general condition, or disclose such information to an entity assisting in a disaster relief effort.
8) **Research.** Under certain circumstances, we may use and disclose Health Information for research purposes.
9) **As Required by Law.** We will disclose Health Information when required to do so by international, federal, state or local law.
10) **To Avert a Serious Threat to Health and Safety.** We may use and disclose Health Information when necessary to prevent or lessen a serious threat to your health or safety, or the health or safety of the public or another person. Any disclosure, however, will be to someone who we believe may be able to help prevent the threat.
11) **Business Associates.** We may disclose Health Information to the business associates that we engage to provide services on our behalf if the information is needed for such services. For example, we may use another company to perform billing services on our behalf. Our business associates are obligated by law and under contract with us to protect the privacy of Health Information.
12) **Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities.
13) **Workers' Compensation.** We may disclose Health Information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs.
14) **Public Health Risks.** We may disclose Health Information for public health activities when we are required or authorized by law.
15) **Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law.
16) **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
17) **Law Enforcement.** We may release Health Information if asked by a law enforcement official as follows: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about evidence of criminal conduct on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
18) **Coroners, Medical Examiners, and Funeral Directors**
19) **Pharmacies.**
20) **National Security and Intelligence Activities** We may disclose Health Information for National Security Activities when we are required or authorized by law.

Your Rights

1) **Right to Inspect and Copy.** You have the right to inspect and receive a copy and/or tell us where to send a copy of Health Information that may be used to make decisions about your care or payment for your care, including information kept in an electronic health record. Please note that there may be a charge for paper or electronic copies of your records.
2) **Right to Amend.** If you feel that Health Information that we have is incorrect or incomplete, you may ask us to amend the information. You must tell us the reason for your request. We may deny your request for an amendment to your record. We may do this if your request is not in writing or does not include a reason to support the request. We also may deny your request if you ask us to amend information that: •
    a. we did not create
    b. is not part of the records used to make decisions about you
    c. is not part of the information which you are permitted to inspect and/or receive a copy of
    d. is accurate and complete.
3) **Right to an Accounting of Disclosures.** You have the right to request, in writing, an accounting of certain disclosures of Health Information that were made for purposes other than treatment, payment for care, or health care operations. You are entitled to one disclosure accounting in any 12-month period at no charge. For any additional accountings requested within the 12-month period, we may charge a reasonable cost-based fee.
4) **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information that we use or disclose for treatment, payment, or health care operations. You have the right to request a limit on the Health Information that we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about your surgery with your spouse. **We are not required to agree to your request.** If we agree to your request, we will comply with your request unless we need to use the information in certain emergency treatment situations.
5) **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
6) **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Breach Notification

We will keep Health Information private and secure as required by law. If there is a breach (as defined by law) of any of your unsecured Health Information, then we will notify you following the discovery of the breach in accordance with applicable state and federal laws.

Changes to this Notice

We reserve the right to change this notice and to make the revised or changed notice effective for Health Information that we already have as well as any information we receive in the future.

Complaints and Questions

If you believe your privacy rights have been violated, you may file a complaint by contacting us at 205-995-9967 (phone), 205-995-0635 (fax) or email Rachel@southernpain.com.

All complaints must be made in writing. You will not be penalized for filing a complaint.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting http://HHS.Gov/OCR/Privacy/HIPAA/Complaints