



16633 DALLAS PKWY SUITE 150 ADDISON, TX 75001

NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

OUR RESPONSIBILITIES:

ADDISON PAIN & REGENERATIVE MEDICINE shall:

- Make every effort to maintain the privacy of your medical information;
- Provide you with notice of our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice currently in effect;
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- ADDISON PAIN & REGENERATIVE MEDICINE will notify you, and the Department of Health & Human Services, of any unauthorized acquisition, access, use or disclosure of your unsecured medical information that presents a significant risk of financial, reputational or other harm to you, to the extent required by law. Unsecured medical information means medical information not secured by technology that renders the information unusable, unreadable, or indecipherable as required by law.

THE METHODS IN WHICH WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways we may use and disclose your medical information. The examples provided serve only as guidance and do not include every possible use or disclosure.

- **FOR TREATMENT.** We will use and disclose your medical information to provide, coordinate, or manage your health care and any related service. For example, we may share your information with your primary care physician or other specialists to whom you are referred for follow-up care.
- **FOR PAYMENT.** We will use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to disclose your medical information to a health plan in order for the health plan to pay for the services rendered to you.
- **APPOINTMENT REMINDERS.** We may use and disclose medical information in order to remind you of an appointment. For example, ADDISON PAIN & REGENERATIVE MEDICINE may provide a written or telephone reminder that your next appointment with ADDISON PAIN & REGENERATIVE MEDICINE is coming up.
- **FOR HEALTH CARE OPERATIONS.** We may use or disclose, as-needed, your protected health information in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. We may call you by name in the waiting room when your physician is ready to see you. We may share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your

protected health information. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. You may contact our Privacy Officer to request that these materials not be sent to you.

SPECIAL SITUATIONS

- **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 surgical outcome of all patients for whom one type of procedure is used to those for whom another procedure is used for the same condition. All research projects, however, are subject to a special approval process. Prior to using or disclosing any medical information, the project must be approved through this research approval process. We will ask for your specific authorization if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.
- **AS REQUIRED BY LAW.** We will disclose medical information about you when required to do so by federal or Texas laws or regulations.
- **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY.** We may use and disclose medical information about you to medical or law enforcement personnel when necessary to prevent a serious threat to your health and safety or the health and safety of another person.
- **SALE OF PRACTICE.** We may use and disclose medical information about you to another health care facility or group of physicians in the sale, transfer, merger, or consolidation of our practice.
- **COMMUNICABLE DISEASES.** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease.
- **ABUSE OR NEGLECT.** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- **FOOD AND DRUG ADMINISTRATION.** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.
- **ORGAN AND TISSUE DONATION.** If you have formally indicated your desire to be an organ donor, we may release medical information to organizations that handle procurement of organ, eye, or tissue transplantations.
- **MILITARY AND VETERANS.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- **WORKERS' COMPENSATION.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **QUALIFIED PERSONNEL.** We may disclose medical information for management audit, financial audit, or program evaluation, but the personnel may not directly or indirectly identify you in any report of the audit or evaluation, or otherwise disclose your identity in any manner.
- **PUBLIC HEALTH RISKS.** We may disclose medical information about you for public health activities. These activities generally include the following activities:
 - To prevent or control disease, injury, or disability;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;



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- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- To notify the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence.

All such disclosures will be made in accordance with the requirements of Texas and federal laws and regulations.

- **HEALTH OVERSIGHT ACTIVITIES.** We may disclose medical information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, eligibility or compliance, and to enforce health-related civil rights and criminal laws.
- **LAWSUITS AND DISPUTES.** If you are involved in certain lawsuits or administrative disputes, we may disclose medical information about you in response to a court or administrative order.
- **LAW ENFORCEMENT.** We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order or subpoena; or
 - If ADDISON PAIN & REGENERATIVE MEDICINE determines there is a probability of imminent physical injury to you or another person, or immediate mental or emotional injury to you.
- **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS.** We may release medical information to a coroner or medical examiner when authorized by law (*e.g.*, to identify a deceased person or determine the cause of death). We may also release medical information about patients to funeral directors.
- **INMATES.** If you are an inmate of a correctional facility, we may release medical information about you to the correctional facility for the facility to provide you treatment.
- **OTHER USES OR DISCLOSURES.** Any other use or disclosure of PHI will be made only upon your individual written authorization. You may revoke an authorization at any time provided that it is in writing and we have not already relied on the authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

You have the following rights regarding medical information collected and maintained about you:

- **RIGHT TO INSPECT AND COPY.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer for ADDISON PAIN & REGENERATIVE MEDICINE. If you request a copy of the information, ADDISON PAIN & REGENERATIVE MEDICINE may charge a fee established by the Texas Medical Board for the costs of copying, mailing, or summarizing your records.

ADDISON PAIN & REGENERATIVE MEDICINE may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by ADDISON PAIN & REGENERATIVE MEDICINE will review your request and denial. The person conducting the review will not be the person who denied your request. ADDISON PAIN & REGENERATIVE MEDICINE will comply with the outcome of the review.

- **RIGHT TO AMEND.** If you feel that medical information maintained about you is incorrect or incomplete, you may ask ADDISON PAIN & REGENERATIVE MEDICINE to amend the information. You have the right to request an amendment for as long as the information is kept by ADDISON PAIN & REGENERATIVE MEDICINE. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may

have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

To request an amendment, your request must be made in writing and submitted to ADDISON PAIN & REGENERATIVE MEDICINE. In addition, you must provide a reason that supports your request.

ADDISON PAIN & REGENERATIVE MEDICINE may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, ADDISON PAIN & REGENERATIVE MEDICINE may deny your request if you ask us to amend information that:

- Was not created by ADDISON PAIN & REGENERATIVE MEDICINE, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by ADDISON PAIN & REGENERATIVE MEDICINE;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **RIGHT TO AN ACCOUNTING OF DISCLOSURES.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures made of your medical information for purposes other than treatment, payment, or health care operations.

To request this list you must submit your request in writing to *Mimi Hoshut, Administrator*. Your request must state a time period, which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists within the 12-month period, you may be charged for the cost of providing the list. ADDISON PAIN & REGENERATIVE MEDICINE will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **RIGHT TO REQUEST RESTRICTIONS.** You have the right to request a restriction or limitation on the medical information ADDISON PAIN & REGENERATIVE MEDICINE uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information ADDISON PAIN & REGENERATIVE MEDICINE discloses about you to someone who is involved in your care or the payment for your care.

ADDISON PAIN & REGENERATIVE MEDICINE is not required to agree to your request, unless the request pertains solely to a healthcare item or service for which ADDISON PAIN & REGENERATIVE MEDICINE has been paid out of pocket in full. Should ADDISON PAIN & REGENERATIVE MEDICINE agree to your request, ADDISON PAIN & REGENERATIVE MEDICINE will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions you must make your request in writing to ADDISON PAIN & REGENERATIVE MEDICINE. In your request, you may indicate: (1) what information you want to limit; (2) whether you want to limit ADDISON PAIN & REGENERATIVE MEDICINE’s use and/or disclosure; and (3) to whom you want the limits to apply.

- **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS.** You have the right to request that ADDISON PAIN & REGENERATIVE MEDICINE communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that ADDISON PAIN & REGENERATIVE MEDICINE contact you only at work or by mail.

To request that ADDISON PAIN & REGENERATIVE MEDICINE communicate in a certain manner, you must make your request in writing to the Privacy Officer. You do not have to state a reason for your request. ADDISON PAIN & REGENERATIVE MEDICINE will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **RIGHT TO AMEND YOUR PROTECTED HEALTH INFORMATION.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record, you will be required to submit a written request to request amendment of the protected health information in your designated record request.



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To request that ADDISON PAIN & REGENERATIVE MEDICINE communicate in a certain manner, you must make your request in writing to the Privacy Officer. You do not have to state a reason for your request. ADDISON PAIN & REGENERATIVE MEDICINE will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **RIGHT TO OPT OUT OF RECEIVING FUNDRAISING COMMUNICATIONS.**

CHANGES TO THIS NOTICE

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website, or calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with ADDISON PAIN & REGENERATIVE MEDICINE or with the Office for Civil Rights, U.S. Department of Health and Human Services. To file a complaint with ADDISON PAIN & REGENERATIVE MEDICINE, contact the Privacy Officer at [972-380-0000](tel:972-380-0000). Your complaint must be filed within 180 days of when you knew or should have known that the act occurred. All complaints should be submitted in writing. The address for the Office of Civil Rights is:

*Secretary of Health & Human Services
Region VI, Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202*