



NOTICE OF PRIVACY PRACTICES

*This notice describes how health information about you may be used and disclosed and how you can get access to this information.
Please review it carefully.*

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. Our practice is dedicated, and applicable federal and state laws require us, to maintain the privacy of your health information. These laws also require us to provide you with this Notice of our privacy practices, and to inform you of your rights, and our obligations, concerning your health information. We are required to follow the privacy practices described below while this Notice is in effect. This Notice is effective as of 4/14/03 and will remain in effect until we replace it.

CHANGES TO NOTICE:

We reserve the right to change this Notice and the privacy practices described below at any time in accordance with applicable law. Prior to making significant changes to our privacy practices, we will alter this Notice to reflect the changes, and make the revised Notice available to you on request. Any changes we make to our privacy practices and/or this Notice may be applicable to health information created or received by us prior to the date of changes.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

A. PERMITTED USES AND DISCLOSURES OF HEALTH INFORMATION

1. You should be aware that during the course of our relationship with you we will likely use and disclose health information about you for treatment, payment, and healthcare operations. Examples of these activities are as follows:
 - Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.
 - Payment: We may use and disclose your health information to obtain payment for services we provide to you.
 - Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating provider performance, and other business operations.
2. You should be aware that our practice does not require obtaining, or confirming the existence of authorization prior to:
 - a) Emergency treatment;
 - b) Treatment, when such treatment is required by law; or
 - c) Treatment of patients when communication barrier prevent obtaining Consent.

You should also be aware that you have the right to revoke that Consent at any time by providing the practice with written notice.

- B. **AUTHORIZATIONS:** You may specifically authorize us to use your health information for any purpose or to disclose your health information to anyone, by submitting such an authorization in writing. Upon receiving an authorization from you in writing, we may use or disclose your health information in accordance with that authorization. You may revoke an authorization at any time by notifying us in writing. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those permitted by this Notice.
- C. **DISCLOSURES TO FAMILY AND PERSONAL REPRESENTATIVES:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. Such disclosures will be made to any of your personal representatives appropriately authorized to have access and control of your health information. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare only if authorized to do so. In the event of your incapacity or in emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.
- D. **MARKETING:** We will not use your health information for marketing communications without your written authorization.

- E. **USES OR DISCLOSURES REQUIRED BY LAW:** We will disclose medical information about you when required to do so by federal, state or local law.
- F. **PATIENT AND THIRD PARTY PROTECTION:** Only as permitted by law, we may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
- G. **LAW ENFORCEMENT/NATIONAL SECURITY:** We may release medical information if asked to do so by a law enforcement official or in response to a court order, subpoena, warrant, summons or similar process. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- H. **APPOINTMENT REMINDERS/FOLLOWUP:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail, postcards, or letters).

PATIENT RIGHTS:

- A. **ACCESS TO RECORDS:** You have the right to inspect and copy your medical and billing records. To inspect and/or to receive a copy your medical records, you must submit your request in writing to Select Pain & Treatment Centers, 1778 Plano Rd. Ste. 300, Richardson, TX 75081 or in person with proof of a valid identification.
- B. **ACCOUNTING OF CERTAIN DICLOSURES:** Upon written request, you have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and other activities authorized by you, for the last 6 years, but not before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you a reasonable, cost-based fee. We 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.
- C. **RESTRICTIONS AND ALTERNATIVE COMMUNICATIONS:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. You also have the right to request that we communicate with you about medical matters in a certain way. For example, you can ask that we only contact you at work or by mail.
- D. **AMENDMENTS TO YOUR RECORDS:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. Such requests must be made in writing, and must explain why the information should be amended. We may deny your request under certain circumstances.
- E. **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.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information listed below. You may also submit a written complaint with the U.S. Department of Health and Human Services.

We support your right to privacy of your health information. We will not retaliate in any way if you choose to file a complaint.

Please direct any of your questions or complaints to:

Contact: HIPAA Officer
Telephone: 972.234.4740
Address: Select Pain & Treatment Centers
7920 Beltline Road, Suite 400
Dallas, TX 75254