

# PADDA INSTITUTE – CENTER FOR INTERVENTIONAL PAIN MANAGEMENT - NOTICE OF PRIVACY PRACTICES

-July 2016-

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

By law, Padda Institute – Center for Interventional Pain Management must keep protected health information (“PHI”) private. The federal government defines protected health information as any information, whether oral, electronic or paper, which is created or received by Padda Institute – Center for Interventional Center for Pain Management and relates to a patient’s health care or payment for the provision of medical services. This includes not only the results of tests and notes written by doctors, nurses and other clinical personnel, but also certain demographic information (such as your name, address and telephone number) that is related to your health records. Padda Institute – Center for Interventional Pain Management is required by law to give you this notice and to follow the terms and conditions of the notice that is currently in effect.

## **YOUR RIGHTS**

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

### **Advise our staff to limit what information is utilized or shared.**

- Ask our staff not to use or share certain health information for treatment, payment, or operations. Our staff is not required to agree to your request, and may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. Our staff will say “yes” unless a law requires us to share that information.

### **Choose someone to act on your behalf.**

- If you have designated an individual medical power of attorney or have a legal guardian, that individual may exercise your rights and make choices about your health information.
- Our staff will make ensure the person has this authority and can act for you before we take any action.

### **Obtain a list of those with whom we’ve shared information.**

- You can ask for a list (accounting) of the times our office has shared your health information for six (6) years prior to the date you ask, who the office shared it with, and for what purpose.
- Our office will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). Our office will provide one accounting a year at no charge, but will charge a reasonable fee if you ask for another within twelve (12) months.

### **Request confidential communications.**

- You can ask our staff to contact you in a specific way (for example, home or office phone) or send mail to a specific address.
- Our office will comply with all reasonable requests.

### **Get an electronic or paper copy of your medical record.**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask our staff how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record.**

- You can ask our staff to correct health information about you that you think is incorrect or incomplete with a written request.
- Our staff may say “no” to your request, but we will explain why in writing within sixty (60) days of your request.

### **Get a copy of this privacy notice.**

- You can ask for a paper copy of this notice at any time. Our staff will provide you with a paper copy promptly.

### **File a complaint if you feel your rights are violated.**

- You can complain if you feel we have violated your rights by contacting our compliance officer at:

**Padda Institute – Center for Interventional Pain Management**  
**Attention: Compliance Officer**  
**5203 Chippewa, Suite 301**  
**St. Louis, MO 63109**  
**(314) 481-5000; extension 5**

- You can 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 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **YOUR CHOICES**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

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

*If you are not able to tell us your preference, we may 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.*

## USES AND DISCLOSURES

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

**For Treatment.** Our office will use and disclose your health information in providing you with treatment/services and coordinating your care and may disclose information to other providers involved in your care. Your health information may be used by doctors involved in your care and by nurses and health aides as well as by therapists, pharmacists, suppliers of medical equipment, or other persons involved in your care.

**For Payment/Billing for Services.** Our office may use and disclose your health information for billing and payment purposes. We may disclose your health information to your representative, or to an insurance or another third party payer. We may contact your health plan to confirm your coverage or to request prior approval for services that will be provided to you.

**For Health Care Operations.** Our office may use and disclose your health information as necessary for operating our office, such as management, personnel evaluation, education and training, and to monitor our quality of care. We may disclose your health information to another entity with which you have or had a relationship if that entity requests your information for certain of its health care operations or health care fraud and abuse detection or compliance activities.

**To Do Research.** Our office can use or share your information for health research.

**To Comply with the law.** Our office will share information about you if state or federal laws require it, including with the US Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**To Respond to organ and tissue donation requests.** Our office can share health information about you with organ procurement organizations.

**To Work with a medical examiner or funeral director.** Our office can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### To Address workers' compensation, law enforcement, and other government requests.

Our office can use or 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, etc.

**To Respond to lawsuits and legal actions.** Our office can share health information about you in response to a court or administrative order, or in response to a subpoena.

We will never share your information for the following purposes unless you give written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
- We may contact you for fundraising efforts, but you can tell us not to contact you again

We are allowed to use or share your health information in other ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

### To 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

## SPECIFIC USES/DISCLOSURES OF YOUR HEALTH INFORMATION

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, our office may disclose health information about you to a family member, close personal friend, or other person you identify, including clergy, who is involved in your care.

**Emergencies.** Our office may use or disclose your health information as necessary in emergency treatment situations.

**As Required By Law.** We may use or disclose your health information when required by law to do so.

**Business Associates.** Our office may disclose your protected health information to a contractor or business associate that needs the information to perform services for our office. Our business associates are committed to preserving the confidentiality of this information.

## OUR RESPONSIBILITIES

Our office is required by law to maintain the privacy and security of your protected health information.

- We will let you know 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.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**For more information:** [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## CHANGES TO THE TERMS OF THIS NOTICE

Our office can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and be posted in our office.