

Centers for Pain Management, LLC

Notice of Information Practices

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

1. Centers for Pain Management may use and disclose protected health information for treatment, payment, and health care operations. Examples of these include, but are not limited to, requested preschool, life insurance, or sports physicals, and referral to nursing homes, foster care homes, home health agencies, and/or referral to other providers for treatment. Payment examples include, but are not limited to, insurance companies for claims including coordination of benefits with other insurers and collection agencies. Health care operations include, but are not limited to, internal quality control and assurance including auditing of records.
2. Centers for Pain Management is permitted or required to use or disclose protected health information without the individuals' written consent or authorization in certain circumstances, such as for public health requirements and court orders.
3. Centers for Pain Management will not make any other use or disclosure of a patient's protected health information without the individual's written authorization. Such authorization may be revoked at any time. Revocation must be written.
4. Centers for Pain Management may at times contact the patient to provide appointment reminders or information regarding treatment alternatives or other health-related benefits and services that may be of interest to the individual patient.
5. Centers for Pain Management will abide by the terms of this notice or the notice currently in effect at the time of the disclosure.
6. Centers for Pain Management reserves the right to change the terms of its notice and to make new notice provisions effective for all protected health information that it maintains.
7. Centers for Pain Management will provide each patient with a copy of any revisions of its Notice of Information Practices at the time of the next visit or at the last known address if there is a need to use or disclose any protected health information of the patient. Copies may also be obtained at any time at our offices.
8. Any person/patient may file a complaint to the medical practice and to the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with the practice, please contact the privacy officer at the following address and/or telephone number (229) 391/2910. All complaints will be addressed, and the results will be reported to the corporate compliance officer.
9. It is Centers for Pain Management's policy that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual noncompliance of the privacy standards.
10. The name, title, and telephone number of a person in the office to contact for further information is Laurel Smith, L.P.N. Clinical Operations Director at (229) 391-2910.

The Effective Date: July 1, 2009