

**ADVANCED PAIN MANAGEMENT
SPECIALISTS**

Notice of Privacy Practices

This notice describes how medical information about you may be used, disclosed and how you can access this information, please review it carefully.




Effective May 2003

**Our Pledge Regarding Medical
Information**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of care and services you receive at APMS. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by APMS.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to :

-  Make sure that medical information that identifies you is kept private.
-  Give you this notice of our legal duties and privacy practices with respect to medical information about you.
-  Follow the terms of the notice that is currently in effect.

**How We May Use & Disclose Medical
Information About You**




The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.


- For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose information to family members, therapists or physicians who are involved in your ongoing care.
- For Payment. We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from an insurance company or a third party, or from you.
- For Healthcare Operations. We may use and disclose medical information to review our treatment and services and to evaluate the performance of our


staff caring for you. Also to determine if certain new treatments are effective.

- Treatment Alternatives. We may use and disclose medical information to tell you about or recommend different ways to treat you.
- Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- Individuals Involved in your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for your care. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care.
- As Required By Law. We will disclose medical information about you when required to do so by federal, state, or local law.
- To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- 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. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.
- 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.
- Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include:
 -  To prevent or control disease, injury, or disability.
 -  To report deaths.
 -  To report reactions to medications or problems with products; to notify people of recalls of products they may be using.

 To notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.

 To notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required by law.

- Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor care, government programs, and compliance with civil rights laws.
- Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may disclose medical information about you 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.
- Law Enforcement. We may release medical information if asked to do so by a law enforcement official
- Coroners, Medical Examiners, and Funeral Directors. We may release medical information to a coroner or medical examiner. Or to funeral directors as necessary to carry out their duties upon the request of the patient's family.
- National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Protective Services for the President and Others. We may disclose information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

Your Right Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

- Right to Inspect and Copy. You have the right to inspect and receive a copy of medical information that may be used to make decisions about your care. This does not include psychotherapy notes and other mental health records under certain circumstances. We may charge a fee for the costs of copying, mailing, and other supplies associated with your request.

- Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information.

- Right to an accounting of disclosures. You have the right to request an "accounting of disclosures" This is a list of some of the disclosures we made of medical information about you that were not specifically authorized by you in advance in accordance with state and federal law.

- Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limitation on the medical information we disclose about you to someone who is involved in your care or the payment for your care.

- Right to Confidential Communications. You have the right to request to receive communications from us on a confidential basis by using alternative means for receipt of information or by receiving the information at alternative locations.

Changes to This Notice

- We reserve the right to change this notice. We reserve the right to make the revised changed notice effective for medical information we already have about you as well as any information we receive in the future. We will maintain a copy of the current notice at the offices of APMS.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with APMS or with the Secretary of the Department of Health and Human Services. To file a complaint with the Department of Health and Human Services, contact the Region III Office for Civil rights, U.S. Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Public Ledger Building, Philadelphia, PA 19106-9111, or by phone; Main Line (215)861-4441; Hotline (800)368-1019; Fax (215)861-4431; or TTD (215)861-4440

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke the permission at any time. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain your records of the care that we provided to you.

