

Afa Pain Specialists

Notice of Privacy Practices

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.

GENERAL:

Afa Pain Specialists is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

Protected Health Information is information about you that pertains to your past, present or future physical or mental health or condition or the past, present or future payment for related health services.

This notice describes how we may use or disclose your protected health information for various purposes. It also describes your rights to access and control your protected health information.

Afa Pain Specialists is required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to revise this notice and to apply the new notice provisions to all protected health information maintained by **Afa Pain Specialists**. In the event of such revisions, a revised Notice of Privacy Practices will be given to you. Current Notices will also be available at the facility business office during normal business hours.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS.

You will be asked to sign a consent form. By signing this form, you will consent to the use and disclosure of your health information for the purposes of treatment, payment and health care operations.

The following are examples of the types of uses and disclosures of your protected health information that **Afa Pain Specialists** is permitted to make once you have signed the consent form. This is not to be seen as an all-inclusive list, but merely as examples of the types of uses and disclosures that may be made by **Afa Pain Specialists**.

TREATMENT: Your protected health information will be used and disclosed to provide, coordinate and manage your health care and related services. This includes coordination and management with a third party if that party has obtained your permission to have access to your protected health information. For example, we would disclose information to other physicians we have referred you to, so that they may continue to monitor and address your health care needs.

PAYMENT: Your protected health information will be used and disclosed to obtain payment for your health care services. This may include activities by your health plan, such as determination of eligibility and medical necessity review. For example, we would need to disclose protected health information to your insurance plan to file a claim for payment of services rendered.

HEALTH CARE OPERATIONS: Your protected health information may be used or disclosed in relationship to the business practices of **Afa Pain Specialist**. This may include things such as quality assurance audits or legal services.

USES AND DISCLOSURES FOR OTHER REASONS

We will share your protected health information with third party “business associates” such as our contracted billing service which uses the information to obtain payment for services provided to you.

We may contact you for appointment reminders. No detailed information will be left on answering machines or with individuals other than you.

Other uses and disclosures pertaining to your care at the Afa Pain Specialists office and specific events will only be made after receiving a separate written form authorization from you to use or disclose your information, unless otherwise permitted or required by law, as described below.

You may revoke, in writing any such authorizations at any time. These events will include fundraising and marketing activities.

USES AND DISCLOSURES THAT MAY BE MADE UNLESS YOU OBJECT

We may also use and disclose your protected health information in the following instances. In these instances, you have the opportunity to agree or object to the use and disclosure of all or part of your protected healthcare information. If you are not present or able to agree or object to the use or disclosure of protected health information, then Afa Pain Specialists using professional judgment, will determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to health care will be disclosed.

! Facility Directory: Your name, location, and condition will be disclosed to people that ask for you by name. This office does not currently maintain a directory of patients.

! Others Involved in Your Care: Family and friends identified by you to receive this information.

! Disaster Relief: Your protected health information may be released to an authorized public or private entity to assist in disaster relief efforts.

DISCLOSURES MADE WITHOUT CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations and examples include:

REQUIRED BY LAW: Limited to the relevant requirements of the law

PUBLIC HEALTH: To control disease, injury or disability

COMMUNICABLE DISEASE: To persons who may have been exposed to a communicable disease

HEALTH OVERSIGHT: Government agencies performing audits, investigations and inspections

ABUSE or NEGLECT: To public officials authorized to receive reports of abuse or neglect

FOOD and DRUG ADMINISTRATION: For things such as product recalls and to report adverse events

LEGAL PROCEEDINGS: In response to order of the court, in response to a subpoena or discovery request

LAW ENFORCEMENT: Suspicious deaths, possible criminal activity or information of crime victims Coroners

FUNERAL DIRECTORS and ORGAN DONATION: For identification of determining cause of death. Research approved by the review board with established privacy protocols

THREATENING ACTIVITY: To lessen a threat to the safety of a person or the public

NATIONAL SECURITY: Activities deemed necessary by military command authorities

WORKERS' COMPENSATION: To comply with the laws of workers' compensation

INMATES: If the information was created by your physician in the course of providing your care

REQUIRED USES and DISCLOSURES: We are required by law to make disclosures to you and the Department of Health and Human Services to investigate and determine privacy compliance.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the right to inspect your protected health information contained in our designated record set. A designated record set is a group of records containing the health and billing information used for making decisions about you. This right does not apply to psychotherapy notes, information compiled in anticipation of or use in a civil, criminal or administrative proceeding or information that is prohibited from access under law. Some denials are reviewable. Contact our Privacy Officer if you have any questions or wish to access your protected health information.

You have the right to request restrictions of your protected health information. You may ask that we not disclose any part of your information for treatment, payment or healthcare operation purposes or to your family members or friends directly involved in your care. We are not required to agree to this request, but if the request is agreed to, we must honor the request, except in cases of emergencies. To request a restriction, contact our Privacy Officer who will supply you with the necessary forms and guide you in the request process.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate all reasonable requests. We may condition this accommodation by asking for information on how payment will be handled. You are not required to explain your reasons for the request. To request an alternative means of receiving confidential communication, please contact our Privacy Officer.

You have the right to request an amendment to the protected health information located in your designated record set. This means that if the information we have is inaccurate, you may provide us with the correct information to amend our records. This request can be denied by us. If it is denied, you will receive a written explanation and you may prepare a letter of disagreement to our denial. We would then prepare a rebuttal statement for you and a copy of your designated record set.

You have the right to receive an accounting of certain disclosures we have made, of your protected health information. This right does **NOT** apply to disclosures made for the purposes of treatment, payment or health care operations, disclosures made directly to you, disclosures made to authorized family members or authorized friends, disclosures made for the facility directory or for notification purposes. You have the right to receive information regarding these disclosures that occurred after April 14, 2003. There are certain exceptions, restrictions and limitations to this right. Please contact the facility Privacy Officer to request an accounting of disclosures.

You have the right to **receive a paper copy of this notice, even** if you have previously agreed to receive this notice electronically. Additional copies may be obtained from our office. All requests must be submitted on the appropriate form, in writing. All forms are available from the Privacy Officer or may be picked up at any of our offices. All forms must be returned to the Privacy Officer via certified mail to ensure our receipt of your request.

HOW TO MAKE A COMPLAINT

You may file a complaint with us or with the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by contacting the Privacy Officer at the address listed below. Your complaint must be in written form and we will provide you with a complaint form upon request.

You will not be retaliated against for filing a complaint. A complaint form is available at each of our offices.

Privacy Officer

728 Blanding Blvd, Suite C

Orange Park, FL 32065

393 Palm Coast Pkwy SW Unit 1

Palm Coast, FL 32137

EFFECTIVE DATE

This Notice of Privacy Practices became effective on April 14, 2003.

Privacy Notice Acknowledgement

I acknowledge that the Notice of Privacy Practices (NPP) effective September 1, 2014 has been made available to me. A paper copy of this Notice will be provided at my request.

Patient's Name: _____ - Signature _____

Date: _____