

Pain Management & MRI

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice takes effect on April 14, 2003 and remains in effect until we replace it. If you have any questions or concerns about this notice, you may contact your specific treatment facility/facilities listed at the end of this notice.

WHO WILL FOLLOW THIS NOTICE

This notice describes our privacy practices. Pain Management & MRI and all of our entities, sites, and locations follow the terms of this notice and have elected to report our privacy practices as an affiliated covered entity in accordance with HIPAA regulations.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

The privacy of your personal, protected health information is important to us and we are committed to protecting it. We will create a record of your rendered services at our organization in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all of your records generated by this healthcare practice, whether made by your personal physician or others working for our company. This notice will tell you about the ways we may use/share protected health information about you. It also describes your rights and certain duties regarding the use and disclosure of protected health information.

OUR LEGAL DUTY

Federal and State Laws Require Us To:

- Keep health information that identifies you private. This is also known as "Protected Health Information" (PHI).
- Give you this notice describing our legal duties, privacy practices, and your rights regarding your PHI
- Abide by the terms of this notice unless it is changed in the future.

As Permitted By Law, We Have The Right To:

- Modify or amend our privacy practices and the terms of this notice at any time, provided that the law permits the changes.
- Make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we keep. This could include information previously created or received before the change occurred.

NOTICE OF PRIVACY CHANGES: Before we make an important change in our privacy practices, we will change this notice and make the new notice available to you upon request.

USES AND DISCLOSURE OF YOUR MEDICAL INFORMATION

There are different ways we use and disclose protected health information. We have listed some ways we use and disclose your information, but not every use or disclosure will be listed.

TREATMENT: We may use your protected health information to evaluate your health, diagnose medical conditions, and provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, technicians, or other people who are taking care of you. We may also share information about you to other health care providers; we may share your information with providers to whom you are referred to for treatment; and we may transmit protected health information to another provider.

PAYMENT: We may use and disclose your protected health information to bill or to obtain payment from you, your health plan provider, and/or a third party representative. Payment includes submission of protected health information to determine whether you are eligible/ineligible for coverage under your health plan, whether specific tests or procedures are covered, and the submission of claims or claims inquiries.

HEALTHCARE OPERATIONS: We may use and disclose your health information in connection with our day-to-day healthcare operations that may include: quality assessment and improvement activities; review of the competence or qualifications of healthcare professionals; evaluation of practitioner/provider performance; conduction of training programs; and accreditation, certification, licensing, or credentialing activities.

NOTIFICATION: Protected health information to notify or help notify: a family member, your personal representative, or another person responsible for your care. If you are present, we will get your permission before we share, if possible, or give you the opportunity to refuse permission. In case of an emergency, and if you are not able to give or refuse permission, we will only share the health information that is directly necessary for your health care, according to professional judgment. We will also use this judgment to make decisions in your best interest about allowing someone other than you to pick up medical supplies, diagnostic testing reports/films/CDs, or your protected health information.

HEALTH-RELATED MARKETING SERVICES: We will not use your PHI for marketing communications without your written authorization.

COURT ORDERS & JUDICIAL OR ADMINISTRATIVE PROCEEDINGS: We may disclose your health information in response to a court or administrative order, subpoena, discovery request, or other lawful processes under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your protected health information with law enforcement officials.

WORKERS COMPENSATION: We may use and disclose health information for workers compensation or other similar programs in compliance with the laws relating to these programs.

HEALTH OVERSIGHT ACTIVITIES: We may disclose protected health information to an agency providing health oversight for oversight activities authorized by law that may include audits; civil, administrative, or criminal investigations or proceedings; inspections; licensure or disciplinary actions; or other authorized activities.

LEGAL PROCEEDINGS: We may use and disclose your PHI to defend the company in any legal or administrative matters brought against us by you or any other entity. We may disclose your information in response to a court or administrative order, subpoena, discovery request, or other lawful processes.

APPOINTMENT REMINDERS: Your health information will be used by our staff or shared to provide a packet of information welcoming you as our patient and to remind you of your upcoming appointments. We may leave messages for you on answering machines or with persons at the telephone number(s) you provided to us.

INCIDENTAL DISCLOSURES: It is inevitable that we might disclose your protected health information to people not involved with your care. We will make reasonable effort to minimize these kinds of disclosures.

- **DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION OR ITS USE FOR OTHER PURPOSES REQUIRES YOUR SPECIFIC WRITTEN AUTHORIZATION. IF YOU CHANGE YOUR MIND AFTER YOU HAVE AUTHORIZED YOUR DISCLOSURE, YOU MUST SUBMIT A WRITTEN NOTICE OF REVOCATION. HOWEVER, YOUR DECISION TO REVOKE YOUR AUTHORIZATION WILL NOT AFFECT OR UNDO ANY USE OF DISCLOSURE OF PROTECTED HEALTH INFORMATION THAT OCCURRED PRIOR TO YOUR DECISION TO REVOKE YOUR AUTHORIZATION.**
- **PLEASE NOTE THAT YOU HAVE THE RIGHT TO LOOK AT OR GET COPIES OF YOUR HEALTH INFORMATION. YOU MUST MAKE YOUR REQUEST IN WRITING. YOU MAY GET THE FORM TO REQUEST ACCESS BY USING THE CONTACT INFORMATION LISTED AT THE END OF THIS NOTICE.** When we allow access to your records, we will do so within thirty (30) days of receipt of your written request. If we cannot accommodate this time frame, we will provide an estimate of when the records would be available.
- **If we deny access based upon risk to you or another person, you may appeal our decision. This appeal must be submitted in writing to your respective treatment facility.**

YOUR RIGHTS

You Have The Right To Request Restrictions. You may request, in writing, that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions. Your request must be made in writing.

You Have The Right To Request Confidential Communications. You may request that we communicate with you about your protected health information by different means or to different locations. We are not required to agree to these additional restrictions. Your request must be made in writing.

You Have The Right To Request Changes To Your Protected Health Information. You may request that we change your protected health information to correct any errors. We are not required to agree to these additional restrictions. Your request must be made in writing.

You Have The Right To Request A Paper Copy Of This Notice. You may request a paper copy of this notice at any time. You may obtain a copy from the reception desk at your specific treatment location.

QUESTIONS AND COMPLAINTS

If you have any questions or complaints about this notice, or if you think that we may have violated your privacy rights, please notify us in writing. Please ensure that you describe the nature/cause of your concern. We will do our best to address your concern(s) in a timely fashion. You can contact us at the following locations:

Contact Facility: Pain Management & MRI

South Philadelphia Office:

Telephone Number: (215) 551-3720

Fax Number: (215) 551-3722

Address: 1726 South Broad Street, Philadelphia, PA 19145

Northeast Philadelphia Office:

Telephone Number: (215) 535-5300

Fax Number: (215) 535-5317

Address: 6519 Roosevelt Blvd. Philadelphia, PA 19149

Delaware County Office:

Telephone Number: (610) 532-0657

Fax Numbers: Patient Reception: (610) 532-4258

Administration Office: (610) 870-0325

Executive Office: (484) 494-5994

Address: 1308 MacDade Blvd. Folsom, PA 19033

Delaware Office:

Telephone: (302) 575-1145

Fax Number: (302) 575-1197

Address: 206-208 North Union Street. Wilmington, DE 19805

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We also reserve the right to make the revised or changed notice for health information we have about you, as well as any information we receive in the future.

YOUR ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

We will request that you sign a separate form or notice acknowledging that you have reviewed this notice. If you choose to not sign or are unable to sign it, a Pain Management & MRI staff member will sign his or her name and date. This acknowledgement will be filed with your records.