



NOTICE OF PRIVACY PRACTICES - CONDENSED VERSION

PLEASE REVIEW THIS DOCUMENT CAREFULLY. Please feel free to **ask for assistance** if reading printed English or understanding what is written is difficult for you - we are glad to help!

This notice describes how your health information may be used and disclosed, and how you can get access to this information. This is a "condensed version" of the full privacy notice. If you have any questions about this notice, or if you want a copy of the extended version, please contact our Privacy Officer. Contact information is listed below.

WE RESPECT YOUR RIGHT TO PRIVACY:

Pain Management Associates (PMA) is committed to protecting the confidential nature of your medical information to the fullest extent of the law. In addition to various laws governing your privacy, PMA has its own privacy policies and procedures in place. These are designed to protect your information. PMA will continue to make protecting your privacy a priority. ***Unless you give us a written authorization, we cannot use or disclose your health information for any reason except for those described in this notice.***

OUR LEGAL DUTY:

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law. The PMA is required by HIPAA to provide you with this notice. This notice describes PMA's privacy practices, legal duties, and your rights concerning your Protected Health Information. PMA must follow the privacy practices described in this notice while it is in effect. This notice takes effect **April 11, 2005**, and will remain in effect until the PMA publishes and issues a new notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:

We routinely use and disclose health care information about you for treatment, payment, and healthcare business operations. Please keep in mind that in all cases, we will use and disclose *only the minimum amount of information necessary* to accomplish the necessary tasks. For example:

Your Authorization: You may give us written authorization to use or disclose your health care information for any purpose without restrictions. If you give us such authorization, you may revoke it at any time by submitting a written notice. Your revocation of blanket authorization for use and disclosure of health care information cannot be retroactively applied to any use or disclosures permitted while your authorization was in effect.

Treatment: We may use or disclose your health care information to other healthcare providers who also treat you, and we may disclose, with your permission, the information necessary for your family/significant others to assist in your care.

Other Persons Involved in Your Care: In an urgent event in which you are unable to communicate your needs to us, we may use or disclose your health care information to find and notify a family member or other person designated as responsible for your care, and we may inform them of your location and condition. We will also use our professional judgment and experience with common practice to make reasonable assumptions in allowing another person to assist you by picking up prescriptions, medical supplies, diagnostic imaging films, records, or other similar forms of health information.

Payment: We may use or disclose your health care information to obtain pre-authorization or payment for services we provide for you.

Health Care Operations: We may use or disclose health care information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment/improvement activities, employee

competency review activities, training of healthcare providers and students, obtaining necessary licenses, accreditations, certifications and credentials, and communicating with third party “business associates” that perform various activities for our practice. (For example, billing or transcription services.)

Marketing Health-Related Services: As a courtesy to you, we will *not* use your health information for marketing communications without your written authorization.

Appointment Reminders: We may use or disclose your health care information to provide you with clarifications or reminders about the details of your appointments via voicemail messages, postal mail, or e-mail. If you do not wish to receive appointment reminders, you may, as in any situation, limit or direct our use and disclosure of your health care information by submitting a written request.

Other Permitted and Required Uses and Disclosures of Health Care Information *NOT* Requiring Authorization:

Although many urgent situations allow us to disclose your protected health information without your authorization or without providing you the opportunity to agree or object, we will first attempt to inform you of our intent to use or disclose your health care information. These situations include: disclosures required by statutory law, legal proceedings or law enforcement activities, public health concerns, communicable disease reporting, potential abuse or neglect, health oversight (regulatory) activities, workers' compensation laws, military activities, national security concerns, and requests from governmental agencies such as, but not limited to the Food and Drug Administration (FDA) and the Centers for Disease Control (CDC).

YOUR RIGHTS:

You have the right to inspect and copy your protected health information. This means you may inspect and/or obtain a copy of your protected health information (medical/billing records) for so long as we maintain the protected health information. We may charge you a reasonable copy fee for a copy of your records, typically \$0.50 per photocopied page and applicable postage. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. You may request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do agree, we will make every effort to comply with your wishes, except in cases of emergency.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

You may have the right to have your physician amend your protected health information. You may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment and refer you to our Privacy Officer for guidance as to your options for formally disagreeing with the denial to amend the record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices.

You have the right to obtain a paper copy of this condensed notice and/or the full extended notice from us, upon request, even if you have agreed to accept this notice electronically.

QUESTION OR COMPLAINTS:

If you have questions or concerns about your privacy rights, please contact us.

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You are encouraged to notify our Privacy Officer of your concerns; contact information is listed below. We welcome the opportunity to listen to you in order to address your concerns and improve our services, and we will not retaliate against you for filing a complaint.

You may contact our Privacy Officer for assistance with special instructions, authorizations, questions or complaints.

Privacy Officer: Jenny Highlander, Office Manager

Telephone: 434.975.2555 ext 106 // Fax: 434.974.6900

Address: Pain Management Associates, 630 Peter Jefferson Parkway, Suite 170, Charlottesville, VA 22911