

Columbia Pain Management, PC

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.

At Columbia Pain Management, PC, we are committed to confidentiality and security of your personal information. We maintain physical, administrative, and technical safeguards to protect against unauthorized access, use, or disclosure of your personal information. We collect personal information, such as your name, contact information, and health information from you, other health care providers, and other health care entities. We are required by law to maintain the privacy of this information and to explain our legal duties and privacy practices. We are also required by law to notify affected individuals following a breach of unsecured protected health information.

Understanding Your Health Record/Information

Each time you visit Columbia Pain Management, PC, a record of your visit is made. Typically, this record contains your symptoms, examinations and test results, diagnoses, treatment, and a plan for future care or treatment. This information is often referred to as your health or medical record.

Understanding what is in your record and how your health information is used helps you ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Columbia Pain Management, PC, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of privacy practices.
- Inspect and copy your health record.
- Amend your health record.
- Obtain an accounting of disclosures of your health information.
- Request communications of your information by alternative means or at alternative locations.
- Request a restriction on certain uses and disclosures of your information.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our responsibilities

Columbia Pain Management, PC, is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with the respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate your reasonable requests to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For more Information or to Report a Problem

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

Permitted Uses and Disclosures

We will use health information for treatment.

Members of your health care team record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from this hospital.

We will use your health information for payment.

We will bill you or a third-party payer for health services provided. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

We may use information in your health record to assess the care and outcomes in your case and others like it. This information can be used in an effort to continually improve the quality and effectiveness of the care we provide.

Business associates: Occasionally, we contract with business associates to perform health care functions on our behalf. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Others involved in your health care: We may disclose protected health information to personal representatives such as appointed guardians, executors, conservators, and in many cases parents of minor children, as well as to attorneys when a valid power of attorney exists.

Individuals you identify: We may disclose protected health information to any individual or entity you designate in writing.

Appointment Reminders: We may contact you to provide appointment reminders or information about your healthcare treatment.

Public Health Activities: We may disclose protected health information to public health agencies for the prevention and control of disease and third parties as necessary to avert a serious threat to the health or safety of a person.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena, warrant, or administrative request intended to identify or locate a suspect, victim, or witness. We also may disclose protected health information for the purpose of reporting a crime on our premises.

Correctional institution: If you are an inmate, we may disclose protected health information to your correctional institution for treatment purposes or to ensure the safety of yourself and others.

Health Oversight: We may disclose health information to agencies authorized by law to conduct audits; perform inspections and investigations; enforce regulatory requirements; and to investigate healthcare fraud.