

MD PAIN

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

MD Pain understands and agrees that patient confidentiality can be an integral part of patient care. Under the Health Insurance Portability and Accountability Act (commonly, HIPAA), all health care providers must maintain as confidential your protected health information, or PHI. Your PHI can include your name, address, social security number, email address, telephone number, date of birth, driver's license number, and medical record number. Health care providers must also provide patients with notice of the legal duties incumbent upon health care providers and their privacy practices so that the health care providers avoid any accidental or inappropriate disclosure of your PHI.

In February 2009, The American Recovery Reinvestment Act (ARRA or more commonly, the "Stimulus Bill") made some significant modifications to the HIPAA Privacy and Security Rules dealing primarily with the protection of your PHI in all media (meaning paper files and electronic storage). In addition, the Stimulus Bill introduced some new terminology – "Personally Identifiable Information" or "PII" along with penalties and mitigation associated with any violations and/or breaches of PHI or PII.

Personally Identifiable Information (again, the PII) is defined as any patient's first name or first initial and the last name in combination with any one or more of the following data elements belonging to that patient: social security number; driver's license number or ID card number, account number or credit/debit card number in combination with any required security code or access code or password that would permit access to the patient's financial account.

MD Pain uses health information about you for treatment purposes, to obtain payment for treatment it has provided to you, for internal administrative purposes, and to evaluate the quality of care you receive. In addition, as part of your ongoing treatment, health information may be shared with other health care providers (for example, certain medical specialists) to whom you are referred or from whom you were referred to Metro Denver Pain Management. Such information may be shared by paper mail, electronic mail, facsimile or other methods.

Further, MD Pain may disclose your PII (in whole or in part) without your authorization under certain circumstances. For example, subject to specific requirements, we may disclose your PII without your authorization for public health purposes such as reporting communicable diseases, birth, death, injury, child abuse or neglect; for auditing purposes; for research studies; for worker's compensation claims; and for emergencies. We will also provide information when required to do so by law enforcement authorities or by court authorities. Contact with you may also take place in the form of appointment reminder, prescription refills test results, etc.

When other situations arise we will ask you for your written authorization before using or disclosing any of your PII. If you choose to sign an authorization to disclose some or all of your PII, you may later request to revoke either all or part of the authorization.

As the patient, you have the right to see and receive a copy of all information that is contained in your medical record (chart) at this office, with the following exceptions: psychotherapy notes; information compiled in reasonable anticipation of civil, criminal or administrative litigation or enforcement proceedings; and protected health information if it is subject to protection under other applicable law. If MD Pain denies your right of access, you are entitled to have that determination reviewed if the reason for the denial was one of the following: a health care professional has determined that access to the information is reasonable likely to endanger the life or safety of you or another person; or the protected health information refers to another person and access to the information is reasonable likely to cause harm to that person. If MD Pain denies your right of access, you will not be entitled to have that determination reviewed if the reason for the denial was one of the following: the protected health information is excepted from the right of access under applicable law; or the protected health information was obtained from someone other than the health care provider under a promise of confidentiality.

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MD Pain shall have thirty (30) days to act on a written request for access to your medical records. Any written request from you will be responded to in writing from MD Pain and we will provide you with the anticipated date by which we will complete action on your request. If access is denied, we will inform you in writing of the basis or bases for the denial.

If you believe that information contained in your medical record is incorrect or if important information is missing, you have the right to request that a correction be made to the information in your record. This request must be submitted in writing and must include a reason to support the request. MD Pain must act on such a request within 60 days of our receipt of your request. The acceptance or denial of a request to amend or correct your medical record will follow the same process as described above concerning access to your medical record.

You have the right to request and receive a written list of certain disclosures of your health information, made after April 14, 2003. You may ask for disclosures we made up to six (6) years before your request. This listing will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed and the purpose of the disclosure. MD Pain is not required to include on the list of disclosures those disclosures which were made: for purposes of treatment; for purposes of billing and collection of payment for your treatment; for our health care operations; in response to a prior request from you that was authorized by you or which was made to individuals involved in your care or treatment; or as otherwise allowed pursuant to applicable law. A first request of disclosures will be provided to you free of charge; a subsequent request made within 12 months of a first may result in a reasonable charge to you for such service.

You have the right to request that we limit our use and disclosure of your health information for treatment, payment and health care operations. You also have a right to request a limit on the health care information we disclose about you to someone who is involved in your care or the payment of your care, for example, a family member or friend. We are not required to agree to such request however if MD Pain agrees to such a request, we must follow the agreed upon restriction. You may cancel the restriction at any time and we, too, may cancel the restriction at any time as long as we notify you of the cancellation.

You have the right to complain about any perceived privacy violations or if you disagree with a decision we made about access to your medical records. All complaints, concerns or questions should be submitted in writing to our Privacy Officer. You may contact MD Pain's Privacy Officer as follows:

Matthew Bigalk
Metro Denver Anesthesia, P.C.
1900 Grant Street, Suite 700
Denver, Colorado 80203
Tel. 303.407.0521
Fax 303.407.0506

We are required to obtain your written acknowledgment that you have read this notice, been given the opportunity to ask questions about this notice, and been given a copy of this notice.

PLEASE SIGN AND RETURN THE ACKNOWLEDGMENT ACCOMPANYING THESE PRIVACY PRACTICES WHICH INDICATES THAT YOU HAVE READ THIS NOTICE OF PRIVACY PRACTICES, THAT YOU HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS ABOUT IT, AND THAT YOU HAVE BEEN GIVEN A COPY OF THE NOTICE OF PRIVACY PRACTICES IF YOU WANT ONE.

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Acknowledgement of receipt of Notice of Privacy Practices

I have received MD Pain's Notice of Privacy Practices, and I have been given the opportunity to review them and ask questions about them.

Signature: _____

Print Name: _____

Date: _____