

The Pain and Headache Center, LLC

HIPAA Privacy Policy

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

PURPOSE OF NOTICE:

The Pain and Headache Center, LLC is required by law to maintain the privacy of "protected health information." "Protected health information" includes any identifiable information that we obtain from you or others that relate to your physical or mental health, the health care you have received, or payment for your health care. As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of your protected health information. We must comply with the provisions of this notice, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information we maintain. You can always request a copy of our most current privacy notice from our Privacy Officer.

The privacy practices described in this Notice will be followed by:

1. Any health care professional authorized to enter information into your medical record created and/or maintained at our clinic;
2. All employees, students, residents, and other service providers who have access to your health information at our clinic; and
3. Any member of a volunteer group which is allowed to help you while receiving services at our clinic.

The individuals identified above will share your health information with each other for purposes of treatment, payment and health care operations, as further described in this notice:

USES AND DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS:

We can use or disclose your protected health information for purposes of *treatment, payment and health care operations*. For each category we will explain what we mean and give some examples. However, not every use or disclosure will be listed.

Treatment means the provision, coordination or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Therefore, the doctor may review your medical records to assess whether you have potentially complicating conditions like diabetes.

Payment means activities we undertake to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and utilization review activities. For example, prior to providing health care services, we may need to provide to your health plan information about your medical condition to determine whether the proposed course of treatment will be covered. When we subsequently bill your health plan for the services rendered to you, we can provide them with information regarding your care if necessary to obtain payment.

Health care operations means the support functions of our practice related to *treatment and payment*, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, we may use your medical information to evaluate the performance of our staff when caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. In addition, we may remove information that identifies you from your health information so that others can use this de-identified information to study healthcare delivery without learning who you are.

USES AND DISCLOSURES OF HEALTH INFORMATION IN SPECIAL SITUATIONS

We may use or disclose your health information in certain special situation as described below. For these situations, you have the right to limit these uses and disclosures. Refer to your rights regarding health information on page

Appointment Reminders We may use or disclose your health information for purposes of contacting you to remind you of a health care appointment.

Treatment Alternatives & Health-Related Products and Services We may use or disclose your health information for purposes of contacting you to inform you of treatment alternatives or health-related products or services that may be of interest to you. For example, if you are diagnosed with a specific condition, we may contact you to inform you of an instruction class that is offered for your condition.

Family Members and Friends We may disclose your health information to individuals, such as family members and friends, who are involved in your care or who help pay for your care. We may make such disclosures when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. For example, if your spouse comes into the exam room with you, we will assume that you agree to our disclosure of your information while your spouse is present in the room.

We also may disclose your health information to family members or friends in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interests to make such disclosures and the disclosures relate to that family member or friend's involvement in your care. For example, if you present our clinic with an emergency medical condition, we may share information with the family member or friend that comes with you to our clinic. We will need written permission to share your health information with your family and friends regarding your prescription(s).

OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES OF HEALTH INFORMATION

As required by law: We may disclose your health information when required by federal, state, or local law to do so. For example, we are required by the Department of Health and Human Services (HHS) to disclose your health information in order to allow HHS to evaluate whether we are in compliance with the federal privacy regulations.

Public Health Activities: We disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury, or disability; to report births, deaths, suspected abuse or neglect, reactions to medications; or to facilitate product recalls.

Health Oversight Activities: We may disclose your health information to a health oversight agency that is authorized by law to conduct health oversight information to health oversight investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.

Judicial or Administrative Proceedings: We may disclose your health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to notify you of the request for disclosure or obtain an order protecting your health information.

Worker's Compensation: We may disclose your health information to worker's compensation programs when your health condition arises out of a work-related illness or injury.

Law Enforcement Official: We may disclose your health information to a request received from a law enforcement official to report criminal activity or to respond to a subpoena, court order, warrant, summons, or similar process.

Coroners, Medical Examiners, or Funeral Directors: We may disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may disclose your health information to a funeral director for the purpose of carrying out his/her necessary activities.

Organ Procurement Organizations or Tissue Banks: If you are an organ donor, we may disclose your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.

Research: We may use or disclose your health information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your health information for research purposes until the particular research project for which your health information may be used or disclosed has been approved through this special approval process. However, we may use or disclose your health information to individuals preparing to conduct the research project in order to assist them in identifying patients with specific health care needs who may qualify to participate in the research project. Any use or disclosure of our health information which is done for the purpose of identifying qualified participants will be conducted onsite at our facility. In most instances, we will ask for your specific permission to use or disclose your health information if the researcher will have access to your name, address, or other identifying information.

To Avert a Serious Threat to Health or Safety: We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals.

Military and Veterans: If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities.

National Security and Intelligence Activities: We may use or disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your health information to the correctional institution or to the law enforcement official as may be necessary for the institution to provide you with health care; to protect the health or safety of you or another person; or for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Right to request restrictions: You have the right to request restrictions on our uses and disclosures of protected health information for treatment, payment and health care operations. However, we are not required to agree to your request. To request a restriction, you must make your request in writing to the Moriarty Consultants Privacy Officer.

Right to request confidential information: You have the right to reasonably request to receive communications of protected health information by alternative means or at alternative locations. Your request must be submitted in writing to the Moriarty Consultants Privacy Officer. Your request must specify how or where you wish to be contacted.

Right to inspect and copy: You have the right to inspect and copy the protected health information contained in your medical and billing records and in any other Practice records used by us to make decisions about you. You must submit your request in writing to the Privacy Officer. We may charge you for the costs of copying and mailing your records as well as any other costs associated with your request.

We may also deny a request for access to protected health information if: A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger your life or physical safety or that of another person; the protected health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person.

If we deny a request for access for any of the three reasons described above, then you have the right to have our denial reviewed in accordance with the requirements of applicable law.

Right to amend You have the right to request an amendment to your protected health information, but we may deny your request for amendment, if we determine that the protected health information or record that is the subject of the request: was not created by us, unless you provide a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment; is not part of your medical or billing records; is not available for inspection as set forth above; or is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records. A request for amendment must be submitted in writing to the Moriarty Consultants Privacy Officer and contain a reason that supports your request for amendment.

Right to an accounting of disclosures You have the right to receive an accounting of disclosures of protected health information made by us to individuals or entities other than to you, except for disclosures: to carry out treatment, payment and health care operations as provided above; to persons involved in your care or for other notification purposes as provided by law; for national security or intelligence purposes as provided by law; to correctional institutions or law enforcement officials as provided by law; or that occurred prior to April 14, 2003.

Right to a paper copy of this notice you have the right to request and receive a paper copy of this notice from us. Submit your request to 5431 E Mayflower Ln #4 Wasilla, AK 99654

QUESTION OR COMPLAINTS

If you believe that your privacy rights have been violated, you should immediately contact our Privacy Officer at 907-376-3715 or by mail at 5431 E Mayflower Ln #4 Wasilla, AK 99654. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of Health and Human Services.