

HIPAA PRIVACY NOTICE

Your Information. Your Rights. Our Responsibilities.

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.

*Protected health information ("PHI") is information about you, including demographic information, which may identify you or be used to identify you, and that relates to your past, present or future physical or mental health or condition, the provision of health care services, or the past, present or future payment for the provision of health care.

Your Rights Regarding Your PHI

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with laws that may be in place now or in the future

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

You can ask us to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we will tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information. Get a list of those with whom we have shared information

You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated. You can complain if you feel we have violated

your rights by contacting us

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting

www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to: Share information with your family, close friends, or others involved in your care If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. In these cases, we never share your information unless you give us written permission: Sharing of psychotherapy notes

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Our Uses and Disclosures

If you give us permission, how would we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you. Example: Your physician and I may need to coordinate your care.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services. Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.

Our office personnel assigned to each project/engagement are required to attend and document attendance at periodic HIPAA and protected health information project training. Comply with the HIPAA Compliance Program, Our office compliance policies regarding HIPAA, PHI, EPHI as well as report any violations of these to the project compliance coordinator immediately. Comply with all data protection policies. Encrypt any mobile device that contains confidential data. Ensure that all PHI sent over the Internet is always encrypted before it is sent. Destroy any PHI or PII that you have (electronic or hard copy) from any previous clients unless you need the PHI or PII to continue to perform work for that client. Avoid storing any PHI on your laptop, blackberry, mobile phone, or other portable equipment whenever possible – for current or previous clients. Include "PHI" at the beginning of the file name of all documents that contain PHI, and place such documents in a file folder that's name begins with the letters "PHI" Document example: PHI HI AP File 011110.xls Folder example: PHI Files John Smith. Never use another person's logon name or credentials to access client or Huron systems at any time. Use physical cable locks to lock down laptops at Our office offices and client sites. Physically carry your Laptop with you at all times if you cannot securely tether your laptop with a cable lock to a secured desk or trunk of your vehicle. Lock our laptop with username/password when leaving it unattended (Hold Windows key and tap the L key / Ctrl, Alt, Del then select Lock Computer). Obtain privacy screens that limit viewpoint when traveling or working in open work areas. Contact IT Support immediately following training if you need a privacy screen (provide your laptop model). Shred documents when no longer needed – shredders or bins located in 2nd floor SR office are required at client sites. Project team members must report lost or stolen technology immediately. Personnel must immediately notify IT Support. Additional procedures may be required after loss/theft disclosure. If the equipment was stolen, the employee must also notify the appropriate police agency and provide a copy of the police report to Our office management. Team members must also immediately notify their manager.

Deferred Payment Agreement

I DO HEREBY on my own volition give a lien to **United Pain Devices** for any amount owed to the company on my behalf for any medical devices provided to me in an effort to try and improve my health, strength, and quality of life. It has been made extremely clear to me and I am under the full understanding that I am totally responsible for any outstanding bills related to any and all services and treatments provided by the said company on my behalf. United Pain Devices will seek full recovery of all charges incurred; to include but not limited to collection actions for reimbursement of all charges incurred.



Patient Signature: _____ Date: _____ / _____ / _____

Print Name: _____

Copy to Patient