

**The Center For  
Physical Medicine and Pain Management, P.C.  
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***Notice of Privacy Practices***

Date of Adoption: December, 2010

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

## **Introduction**

We value the trust you have placed in us. Because our relationship with you is so important, the protection of your privacy has always been a particular concern of our physicians and staff. Confidentiality has been a principle that we have always taken seriously.

When you receive care at The Center For Physical Medicine and Pain Management, PC or at another site B such as a hospital B from one of our physicians or other health care professionals, a record of your visit is made. Depending upon the nature of your visit, this record may include a variety of information about you such as the reason for the visit; pertinent history, examination and test results; impressions; diagnoses; treatment; a plan for future care or treatment; and the like.

Federal laws B such as The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules B require medical practices and other covered entities to maintain the privacy of health information and to provide patients with a written *Notice of Privacy Practices* that outlines our legal duties and how the protected health information we maintain may be used or disclosed to others. The HIPAA mandated notice is to apprise our patients of their rights with regard to protected health information.

**We are required to abide by the terms in the current notice; however, we reserve the right to change privacy practices when deemed appropriate.** Every patient is welcome to review S or request a copy of S the current *Notice* at any time. A copy of the most current notice will be posted next to the registration desk. A copy will also appear on our website when construction is complete.

**Should you have any questions or concerns about this notice, or wish to obtain a copy of the current *Notice*, please contact our Privacy Officer/Contact B Mrs. Cindy Sullivan Assistant Office Manager. In her absence, please contact Dr. Rachelle Janush.** You may contact either of them by phone at 334-260-8988; or by email at [gcraig@cpmpm.net](mailto:gcraig@cpmpm.net).

**As a basic rule, The Center For Physical Medicine and Pain Management, PC's policy is to maintain confidentiality over your health care information in accordance with this notice.** We will NOT sell or Arent@ your information. The Center For Physical Medicine and Pain Management, PC does not disclose any personal health information except as permitted and/or required by state and Federal laws.

**Our employees are trained in the importance of privacy/confidentiality.** Maintaining privacy is part of their job responsibilities and employees may be disciplined if they do not adhere to our privacy policies and procedures.

Thank you for selecting us as your physician.

## Uses and Disclosures of Protected Health Information for Treatment, Payment and Operations

*Protected health information* includes demographic information that may identify you and medical information about your past, present or future physical or mental health or conditions and related health care services provided to you.

We may release protected health information for purposes of *treatment, payment or health care operations*. That is, your protected health information may be used and disclosed by your physician, The Center For Physical Medicine and Pain Management, PC office staff, and certain others outside our office that are involved in your care, for purposes of treatment, filing health insurance claims, processing patient bills, quality improvement programs, to support The Center For Physical Medicine and Pain Management, PC's operations, etc.

### **Treatment**

It is essential that The Center For Physical Medicine and Pain Management, PC's physicians and staff, and other physicians, nurses, hospitals, etc., that are involved in your care have necessary information to diagnose, treat, and provide health care services to you. We may use and disclose protected health information to provide, coordinate, or manage your health care and related services. We may disclose your health information to other physicians involved in your care, as well as hospitals, laboratories, diagnostic centers, home health agencies, and the like that may be involved in your care.

### **Payment**

Your protected health information may be used to file health insurance claims and billing statements for health care services provided to you, to check insurance eligibility, to obtain authorizations for services, to collect unpaid accounts, and the like.

### **Health Care Operations**

We may use or disclose protected health information for what is called *Health Care Operations* under federal law. Some examples include: quality improvement to send appointment reminders to you; to send announcements of new physicians, staff and services; to phone in prescriptions to your pharmacist; to train employees and medical students; administrative management; and the like.

Whenever protected health information is provided to certain Business Associates B such as billing services, medical record transcription services, computer vendors, business consultants, collection agencies, etc. B we are required to obtain contractual assurances that the Business Associate will take appropriate steps to protect your health care information. Further, legislation that became effective in 2013 makes Business Associates directly subject to most of the HIPAA privacy regulations for protection of patient information, including the requirement to notify us of breaches of unsecured protected health information. We do not, however, have direct control over Business Associates beyond contractual assurances.

## Uses/Disclosures of Health Information Based Upon Your Written Authorization

Note: This section applies to uses/disclosures of health information that are not related to Treatment, Payment or Health Care Operations.

**There are certain types of uses and disclosures that we will make only if you have signed a specific Authorization for the use or disclosure.** For example, we will not release information to a disability insurance company or a life insurance company without an authorization signed by you (or your personal representative). We will not release protected information to your employer without a specific authorization signed by you (or your personal representative). [Note: There are some employers that may receive protected health information B for purposes of treatment, payment or health operation B if they administer health plans.]

In the event you have authorized us to release specific information, you may revoke the authorization, at any time. However, we are not responsible to the extent any action has already been taken in reliance of the original authorization.

## **Announcements, Notices of Services, Newsletters, Marketing, Etc.**

We may use or disclose your protected health information to provide you with information about treatment alternatives or other health-related services that may be of interest to you or for voluntary fund-raising activities that may benefit our medical practice.

We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer, new physicians joining our practice, availability of new treatments and services, and the like.

**We do not sell lists of patients to third parties, or disclose protected health information to a third party for independent marketing activities.** In the unlikely event that we change this policy in the future, we will not release your name or health information without your express written authorization.

Occasionally, we may send you information about health care products or services that we believe may be beneficial to you. We are not currently involved in any arrangements where we are paid by a third party for marketing. Should that change in the future, any communication will include a statement indicating we are compensated by a third party for marketing products or services, and we will obtain your written authorization for such communications.

You may opt out of the voluntary marketing and fund raising activities by signing the Medical Disclosure Authorization form.

For further information you may contact our Privacy Officer/Contact specified on page one. You may also contact our Privacy Contact/Officer to request that such information no longer be sent to you.

## **Uses and Disclosures Required By Law**

**Protected health information may be used or disclosed to the extent that the use or disclosure is required by law.** Consequently, we may be required to disclose relevant protected health information as directed by a public health authority that is permitted by law to collect or receive such information for purposes such as controlling/preventing disease, injury or disability. If required by law or at the direction of a public health authority, we may disclose relevant protected health information to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

We may be required to disclose relevant protected health information to a government agency that is authorized by law to receive reports of child abuse or neglect; elderly (or other) abuse or neglect; domestic violence; and the like. Any such reports will be made as required by law.

We may be required to disclose protected health information to a health oversight agency for activities authorized by law, such as inspections, audits, investigations, etc. We may disclose your protected health information as may be required by the Food and Drug Administration or similar agency to report reactions, potential product defects, to facilitate product recalls or warnings; and the like.

We may be required to disclose protected health information in response to a valid court or similar order or subpoena. We may be required to disclose protected health information for law enforcement purposes, so long as applicable legal requirements are met. We may disclose protected health information to a medical examiner, coroner, etc. We may disclose protected health information required by funeral directors to fulfill their duties. We may disclose information to organ donation programs (to which the patient has indicated interest).

As provided by federal and state laws, we may disclose health information if we reasonably believe it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

We may disclose health information requested by national security and intelligence agencies, appropriate military command authorities, the Department of Veterans Affairs to determine eligibility for veteran's benefits, and the like. Your protected health information may be disclosed by us to comply with workers compensation laws and other

similar programs.

## Disclosures to Family Members and Others Involved in Your Health Care

Consistent with the exercise of professional judgment and experience as to your best interests, we may disclose § unless you direct otherwise § to a member of your family, a relative, a close friend or personal representative your protected health information *that relates to that individual=s involvement in your current health care* or payment of that care, to assist in locating/notifying family members, and the like.

We will to the extent possible, limit such disclosures based upon a Aneed to know@ philosophy and use professional judgment to limit the type of information disclosed to that reasonably deemed proper under the circumstances. If patients come to the exam room with their spouse, adult children, or friend, we may reasonably infer that you want them to be involved in your health care. This does not mean we will necessarily disclose your complete past history, all current conditions, etc. that are not relevant to the current circumstances.

We will use professional judgment and experience to make reasonable inferences of your best interests in allowing a person to act on the patient's behalf to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of protected health information.

We have adopted this policy rather than a strict prohibition on ever discussing information relevant to your health care with these individuals. We will make all reasonable efforts to avoid disclosure to individuals not involved in your health care, or in situations where disclosure is not in your best interest.

You have the right object to such disclosures in writing, or by taking actions indicating a desire to excuse another individual so that we may talk privately. **Please discuss any concerns you have with our Privacy Officer/Contact who is identified on the first page, or your health care professional.**

## Emergencies

We may use or disclose relevant health information in emergency situations where we believe, in our professional judgment, that the information is necessary to determine proper treatment, to prevent further harm to you, or is in your best interest and it is not reasonably possible to obtain an authorization or consent.

## Research

We may disclose health information for research purposes that has been de-identified so that there is no reasonable way that researchers could match your name with health information, based upon a specific authorization signed by you or your personal representative, or for research programs that have been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information. For example, researchers may obtain approvals to study the medical records of middle-aged women, diagnosed with various degrees of heart disease, to identify potential risk factors for heart disease.

Please note that the previous paragraph is related to the use and disclosure of health information for research, not to any agreement to participate in a clinical trial that may involve experimental drugs, experimental procedures or treatment, and the like. Should you be a candidate for such clinical trials, you will have the opportunity to agree to B and consent to B participation.

## Other Permitted and Required Uses

Other uses or disclosures of protected health information not listed in this Notice will generally require a patient's (or their representative's) specific authorization. You have the right to revoke such authorizations by submitting a request to the Privacy Officer/Contact listed on the first page.

## **Your Rights Regarding Your Health Information**

You have certain rights with respect to the use and disclosure of your protected health information. This information includes information used to make health care decisions or information used to determine whether an insurance claim will be paid.

The specific rights that we must include in this notice are discussed below. Even if a right is not listed here, please discuss any concerns or make requests you have with our Privacy Contact/Officer (the name and phone number is provided on the front page). We will make all reasonable efforts to address your concerns. You can contact the Privacy Officer by phone to discuss requests; however, we may have to require a formal request, submitted in writing, to ensure it is handled appropriately.

### **Right to Inspect and Copy Your Protected Health Information**

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a written or electronic copy of protected health information about you for as long as we maintain such information. Because we must maintain the complete original copy of your health information, we may limit inspection to copies of the original information.

State and federal law provides some exceptions where we may withhold certain information. For example, we may deny access to psychotherapy notes. We may also deny access to information that a law enforcement or other governmental agency has instructed us not to disclose pending civil, criminal or other proceedings.

While a denial of your right to inspect and copy would be unusual, any denial is reviewable. Should you have any questions, concerns or wish to request a review, please contact our Privacy Contact/Officer designated on the first page. In the event you are requesting a review of a denial to inspect or copy protected information, you should file a written request which is a simple statement signed by you or your representative. Such review will be based upon federal and/or state law.

### **There May Be a Reasonable Charge for Making Copies of Your Medical Record as Allowed by State and Federal Law.**

While we will strive to fulfill a request as soon as possible, federal law states that we must: Act on a request for access within 30 days of receiving the request if the information is maintained or accessible on-site. Covered entities must act on a request for access within 60 days of receiving the request if the information is not maintained or accessible on-site. If the covered entity is unable to act on a request within the applicable deadline, it may extend the deadline by no more than 30 days by providing the individual with a written statement of the reasons for the delay and the date by which the covered entity will complete its action on the request. This written statement describing the extension must be provided within the standard deadline. A covered entity may only extend the deadline once per request for access.®

### **Right to Request Restrictions on the Release of Information**

You also have the right to request that health information not be released for any purpose for which you have not completed a specific authorization. For example, patients may request that The Center For Physical Medicine and Pain Management, PC not release information for purposes of treatment, payment, or health care operations. While The Center For Physical Medicine and Pain Management, PC does not have to agree to such requests, we will consider your request to determine if there are *reasonable* ways to meet your needs or concerns. You may be asked to make special payment arrangements if requesting restrictions on release of information for payment purposes such as filing health insurance claims. Such requests should be made in writing and presented to the Privacy Officer/Contact identified on the first page of this *Notice*.

As of February 18, 2010, the medical practice must honor requests not to disclose protected health information (for purposes of payment or health care operations) if the patient pays the entire cost of treatment out-of-pocket. Prior to

February 18, 2010, the medical practice did not have to agree with these requests.

## Right to Receive Confidential Communications

Communications from our office to patients are made to the address and phone numbers in our information system.

You have the right to request *confidential* communications of protected health information. For example, a patient who does not want his or her family members to know about a certain treatment may request that we communicate with the individual about that treatment at the individual's place of employment, by mail to a designated address, or by phone to a designated phone number. Similarly, a patient may request that we send communications in a closed envelope rather than a post card, as an "alternative means." We will try to accommodate all *reasonable* requests.

We suggest that you provide an address, phone numbers, etc. so that we may communicate with you at your desired location. If you are requesting special handling of certain types of information, the request must be in writing and it must detail where communications should be made. You are not required to provide a reason for the request. We will determine if we can accommodate any request based upon the administrative difficulty of complying with the request.

**Please note that we are only responsible for information sent from The Center For Physical Medicine and Pain Management, PC.** You must make a similar request to others entities if you have concerns about communications from other medical practices, health insurance companies, hospitals, etc.

## Right to Amend Protected Health Information

A patient has the right to request amendment to protected health information as long as the protected health information is maintained by this medical practice. Requests for amendments should be submitted to the Privacy Contact/Officer listed on the first page of this Notice. While you can discuss such requests over the phone, we may require formal requests to be submitted in writing and to include a reason(s) to support a requested amendment.

We may deny a request for amendment if we determine that the protected health information is accurate and complete; or the record that is the subject of the request does not exist in our files or was not created by this medical practice (unless the individual provides a reasonable basis to believe that the originator of such information is no longer available to act on the requested amendment).

While we will attempt to fulfill the request as soon as possible, federal law allows up to 60 days to act either by making the appropriate amendment or sending you a written denial with the reason(s) for denying the request. Federal law also allows for one 30 day extension in certain circumstances.

In the event your request for amendment is denied, you have additional rights that will be detailed in any denial notification including: how you may file a complaint; the right to submit a written statement disagreeing with the denial and how you may file such a statement; or the right to request that the covered entity provide the individual's request for amendment and the denial with any future disclosures of the protected health information that is the subject of the amendment; and the like.

## Right to an Accounting of Certain Disclosures

You have the right to request an accounting of certain disclosures of your protected health information occurring up to six years preceding such request. Because, federal law recognizes that it would be burdensome to account for disclosures for purposes of treatment, payment, and operations, we are not required to account for such disclosures. Also, Federal law does not require an accounting for disclosures that you authorized and provides a few other exceptions to this requirement.

While we will attempt to comply with a request as soon as possible, federal law allows up to 60 days to act either by making the appropriate accounting or extending the time period by up to 30 days by sending you a written statement with the reason(s) for the delay.

You are allowed one accounting within a 12 month period without charge. Further requests may be subject to a reasonable charge. Requests for an accounting should be submitted to the Privacy Contact/Officer listed on the first page of this Notice. While you can discuss such requests over the phone, we may require formal requests to be submitted in writing.

## Right to Receive a Paper Copy of This Notice

Our patients, who may have received this *Notice of Privacy Practices* in electronic format, may contact the Privacy Officer to request a printed copy.

## Charging for Copies of Records

We reserve the right to charge a reasonable amount for copying records and mailing costs consistent with state and federal laws.

## Changes to this Notice of Privacy Practices

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time, either as required by law or as otherwise necessary. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment. We may require requests made over the phone to be submitted in writing or in person.

A copy of this notice will be posted in an accessible area in each of our offices and other facilities. A copy of this form will also appear on our Web Site when constructed.

## Complaints

You may file a complaint or express your concerns to us by contacting the Privacy Officer listed on the first page of this document. We will not retaliate against you for filing a complaint. For further information about the complaint process, please contact our Privacy Officer listed on the first page. You may also discuss concerns with your physician.

We urge you to contact our Privacy Officer with any questions or concerns you may have regarding this notice. Thank you for your assistance.

Or, you may complain to the U.S. Department of Health & Human Services, Office of Civil Rights (OCR) Regional Office or OCR Headquarters if you believe your privacy rights under the Health Insurance Portability and Accountability Act (HIPAA) have been violated by us. You may contact the OCR at this toll free number: 1-800-368-1019.

Director  
Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201

Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, S.W.  
Atlanta, GA 30303-8909  
Voice Phone (404)562-7886  
FAX (404)562-7881  
TDD (404)331-2867

Additional instructions are available at the U.S. Department of Health & Human Services, Office of Civil Rights (OCR) Regional Office or OCR Headquarters. Instructions are also available on the OCR Web site at:

[www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html)

## **Breach Notification Requirements**

In the event that a breach of unsecured protected health information occurs, we (and our Business Associates) are required to make certain notifications under section 13402 of the Health Information Technology for Economic and Clinical Health (HITECH) Act. Such notification, following a breach of unsecured protected health information, will be made to affected individuals, the Department of Health and Human Services, and, in certain circumstances, to the media. In addition, our business associates must notify us in the event a breach of unsecured protected health information has occurred.

Individual Notice will be provided in written form by first-class mail, or alternatively, by e-mail if the affected individual has agreed to receive such notices electronically. If we have insufficient or out-of-date contact information for 10 or more individuals, we must provide substitute individual notice by either posting the notice on the home page of our web site or by providing the notice in major print or broadcast media where the affected individuals likely reside. If we have insufficient or out-of-date contact information for fewer than 10 individuals, the covered entity may provide substitute notice by an alternative form of written, telephone, or other means.

These individual notifications must be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and must include, to the extent possible, a description of the breach, a description of the types of information that were involved in the breach, the steps affected individuals should take to protect themselves from potential harm, a brief description of what the covered entity is doing to investigate the breach, mitigate the harm, and prevent further breaches, as well as contact information at our medical practice. Additionally, for substitute notice provided via web posting or major print or broadcast media, the notification must include a toll-free number for individuals to contact the covered entity to determine if their protected health information was involved in the breach.

Covered entities that experience a breach affecting more than 500 residents of a State or jurisdiction are, in addition to notifying the affected individuals, required to provide notice to prominent media outlets serving the State or jurisdiction. Covered entities will likely provide this notification in the form of a press release to appropriate media outlets serving the affected area. Like individual notice, this media notification must be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and must include the same information required for the individual notice.

If a breach of unsecured protected health information occurs at or by a business associate, the business associate must notify our medical practice following the discovery of the breach. A business associate must provide notice to our medical practice without unreasonable delay and no later than 60 days from the discovery of the breach. To the extent possible, the business associate should provide our medical practice with the identification of each individual affected by the breach as well as any information required to be provided by us in notifying affected individuals.

## **Acknowledgment of Receipt of this Notice**

You will be asked to sign a form indicating that you have received this Notice. This acknowledgment form is required by Federal law. Your signature does not affect your privacy rights; it merely indicates you have received a copy of this Notice. If you have not signed the Acknowledgment form, please notify a member of our staff or notify the Privacy Officer/Contact listed on the first page.

## **Final Comment**

We reaffirm our commitment to protecting your health information. Should you have any concerns or questions related to your rights, please contact our Privacy Officer/Contact listed on the first page of this Notice. Our Privacy Officer will strive to answer your questions and address your concerns.

We were committed to preserving the confidentiality of your patient information long before this relatively new Federal Law was enacted. We believe our past and future actions will convey our commitment much more than the language included in this Notice.



Thank you for selecting our medical practice and cooperating with us to comply with this law.