



Integrative Pain Specialists

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed. When it comes to your health information you have rights. We are required by law to maintain the privacy and security of your health information. We will let you know promptly if the security of your information is compromised. We can use your health information and share it with other professionals who are treating you. We can use and share your health information to: treat you; improve care; run our practice; comply with laws; help with public health and safety issues; work with a medical examiner; address workers compensation, law enforcement or other government requests; respond to legal action; do research; as well as to bill and receive payment for services. We will ask you to sign a written statement acknowledging you received copy of this notice. This is a one-time record that you were given a copy of this notice.

Your right to:

Get an electronic or paper copy of your medical record	<ul style="list-style-type: none">• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.• We will provide a copy or a summary of your health information, usually within 30 days of your request.• We may charge a fee.
Ask us to correct your medical record	<ul style="list-style-type: none">• You can ask us to correct health information about you that you think is incorrect or incomplete.• We may say “no” to requests, but we’ll tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none">• 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 try to accommodate reasonable requests.
Ask us to share information	<ul style="list-style-type: none">• Share information with your family, close friends or others involved in your care.• If you are not able to tell us a preference, for example if you are not conscious, we may go ahead and share your information if we believe it in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
Ask us to limit what we use or share	<ul style="list-style-type: none">• 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’ve shared information	<ul style="list-style-type: none">• You can ask for a list of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none">• 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.
Choose someone to act for you	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• You can share any concern about privacy, speaking with our office manager.• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

We are required by law to maintain the privacy and security of your health information. We will let you know promptly if there is an incident requiring report. We will not share your information other than as described here unless you agree in writing. If you change your mind, let us know in writing. We can change the terms of this notice at any time and changes will apply to you. Any updates to the notice will be available upon request, posted in our office and on our website.