

## NOTICE OF PRIVACY PRACTICE

### SUMMARY

At the American Pain & Spine Clinic (AP&SC), we are committed to protecting the privacy of your medical information, as federal and state laws require. When we say "information," we mean health, treatment, or payment information that identifies you. Attached is AP&SC's "Notice of Privacy Practices". The Notice explains how we meet this commitment. The Notice also explains your legal rights about what is in your health record. All people and places that make up AP&SC must follow the Notice. This Summary tells you in brief what the Notice says. THIS SUMMARY IS NOT A COMPLETE LISTING OF HOW WE USE AND DISCLOSE (SHARE) YOUR HEALTH INFORMATION. AP&SC has the right to change this Summary and the Notice without first notifying you.

#### How AP&SC may use and share your health information

Without your consent, AP&SC can use and share your health information to:

- Provide you with medical treatment and other services
- Receive payment from you, an insurance company, or someone else for services we provide to you
- Operate AP&SC, which includes such things as giving you appointment reminders, telling you about other treatment options, and contacting you for certain marketing and fund-raising activities
- Comply with the law
- Meet special situations as described in the Notice, such as public health, safety, and research

*Exception:* This does not include behavioral health, drug and alcohol, and AIDS/HIV information.

With your verbal agreement, AP&SC can:

- Share your health information with the family and friends you agree can have this information

All other uses and sharing of your health information will be done only with your specific written permission or as required by law.

#### Your legal rights about your health information

- Right to ask to see and copy your medical record
- Right to ask that incorrect or incomplete information in your medical record be corrected
- Right to ask for a list of non- AP&SC parties with whom we have shared your health information. This right does not include health information we shared (1) if we had your written permission to share the information, and (2) to carry out treatment, payment, and health care operations.
- Right to ask AP&SC to limit how we use and share your health information without your consent. AP&SC is not required to agree to your request.
- Right to ask for confidential communications.
- Right to ask for a paper copy of the Notice of Privacy Practices.

#### Violation of privacy rights

If you believe your privacy rights have been violated, you have a right to file a complaint.

## FULL NOTICE

This Notice describes how medical information about you may be used and disclosed (shared) and how you can get access to (see and copy) this information.

### Please review this carefully

#### What is a notice of privacy practices?

The American Pain & Spine Center (AP&SC) understands that your health information is personal. We create and maintain a record with information about the care and services you receive at AP&SC. We need this information to provide you with quality care and to comply with the law. This Notice of Privacy Practices (Notice) applies to all information about your care that AP&SC (and all of the people and places that make up AP&SC) may create, maintain, or receive. This includes information that AP&SC receives from other doctors and medical facilities that are not part of AP&SC, but that AP&SC keeps to help give you better care. The Notice tells you about the ways we may use and share your health information, as well as the legal duties we have about your health information. The Notice also tells you about your rights under federal (United States) and state (Michigan) laws. In this Notice, the words "we," "us," and "our" mean AP&SC and all the people and places that make up AP&SC, which are described below.

#### Who follows AP&SC Notice of Privacy Practices?

All of the people and places that make up AP&SC follow this Notice. AP&SC includes clinics, doctors, assistants, nurses, laboratory services, and other related health care providers. AP&SC also include health care professionals permitted by us to provide services to you; and students, residents, trainees, volunteers, and others involved in providing your care. AP&SC people and places may share your health information with each other for the treatment, payment, or health care operations that this Notice describes.

#### Our duty to protect your health information

We are required by law to:

- make sure that information that identifies you is kept private
- make available to you this Notice that describes the ways we use and share your health information as well as your rights under the law about your health information
- follow the Notice that is currently in effect

#### How we may use and share your health information with others

The law permits us to use and share your health information in certain ways. The list below tells you about different ways that we may use your health information and share it with others. The list also includes some examples of what we mean. When sharing this information with others outside of AP&SC, we share what is reasonably necessary, unless we are sharing information to help treat you, in response to your written permission, or as the law requires. In these three cases, we share all information that you, your health care provider, or the law has asked for. We will use health information that does not identify you whenever possible. Every possible example of how we may use or share information is not listed below; however, all of the ways we are permitted to use and share information fall into one of the groups below.

##### A. Ways we are allowed to use and share your health information with others without your consent or as the AP&SC General Consent for Treatment, Payment, and Health Care Operations provides:

1. *Treatment.* We may use your health information to give you medical treatment or services. We may share your health information with people and places that provide treatment to you. For example, if you have diabetes, the doctor may need to tell the dietitian about your diabetes so that you get the kind of meals you need. We may share health information about you with people outside of AP&SC who provide follow-up care to you, such as nursing homes and home care agencies.
2. *Payment.* In order to receive payment for the services we provide to you, we may use and share your health information with your insurance company or a third party. We may also share your health information with another doctor or facility that has treated you so that they can bill you, your insurance company, or a third party. For example, some health plans require your health information to pre-approve you for surgery and require preapproval before they pay us.
3. *Health Care Operations.* We may use and share your health information so that we, or others that have provided treatment to you, can better operate the office or facility. For example, we may use your health information to review the treatment and services we gave you and to see how well our staff cared for you.

4. *Business Associates.* We may share your health information with others called "business associates," who perform services on our behalf. The business associate must agree in writing to protect the confidentiality of the information. For example, we may share your health information with a billing company that bills for the services we provided.
5. *Appointment Reminders.* We may use and share your health information to remind you of your appointment for treatment or medical care. For example, if your doctor has sent you for a test, the place where the testing will be done may call you to remind you of the date you are scheduled.
6. *Treatment Options and Other Health-Related Benefits and Services.* We may use and share your health information to tell you about possible treatment options and other health-related benefits and services that may interest you. For example, if you suffer from an illness or condition, we may tell you about a special treatment or research study that is being offered.
7. *Research.* We may use and share your health information for research (1) if our researcher obtains permission from a special committee that decides if the request meets certain standards required by law, or (2) if you provide us with your written permission to do so. You may participate in a research study that requires you to obtain hospital and other health care services. In this case, we may share the information that we create (1) with our researcher who ordered the hospital or other health care services, and (2) with your insurance company in order to receive payment for services that your insurance will pay for. We may also use and share with an AP&SC researcher your health information if certain parts of your information that would identify you, such as your name and other items that the law describes, are removed before we share it with the AP&SC researcher. This will be done when the researcher signs a written agreement with us that the researcher will not share the information again, will not try to contact you, and will obey other requirements that the law provides. We may also share your health information with a business associate who will remove information that identifies you so that the remaining information can be used for research.
8. *Special Situations.* In the following situations, the law either permits or requires us to use or share your health information with others. Michigan law may further limit these disclosures; for example, in cases of behavioral health information, drug and alcohol treatment information, and HIV status.
  - a. *As Required by Law.* We will share your health information when federal, state, or local law requires us to do so.
    - If we believe that you have been a victim of abuse, neglect (except child abuse or neglect), or domestic violence, we may share your health information with an authorized government agency. We will do so either if you agree to our sharing this information or if the law allows us to do so and we believe that we need to share the information in order to protect you or someone else. If we decide to share your health information for this purpose, we will tell you unless we believe that telling you would put you at risk of harm or you are a personal representative of the victim and may be involved in the abuse, neglect, or injury.
    - We may share your health information in response to an administrative or court order, a subpoena, a discovery request, or other legal process if we are advised that you have been made aware of the request or we receive notice either that you agree or, if you disagree with the request, that you are taking action to prevent the disclosure.
    - We may share your health information with a law enforcement official or authorized individuals (1) to comply with laws, including laws that require the reporting of injury or death suspected to have been caused by criminal means, (2) in response to a court order, warrant, subpoena, or summons, or (3) in emergency situations.
    - If we are asked to do so by a law enforcement official, we may share your health information if you are an adult victim of a crime and, in certain limited cases, we are unable to obtain your permission and the law enforcement official meets certain conditions described by law.
  - b. *To Prevent a Serious Threat to Health or Safety.* We may use and share your health information with persons who may be able to prevent or lessen the threat or help the potential victim of the threat when doing so is necessary to prevent a serious threat to the health and safety of you, the public, or another person. Michigan law may require such disclosure when an individual or group has been specifically identified as the target or potential victim.

- c. *Special Government Purposes.* We may use and share your health information with certain government agencies, such as:
- *Military and Veterans.* We may share your health information with military authorities as the law permits if you are a member of the armed forces (of either the United States or a foreign government).
  - *National Security and Intelligence.* We may share your health information with authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.  
*Protective Services for the President and Others.* We may share your health information with authorized federal officials to protect the President of the United States, other authorized persons, or foreign heads of state. We may also share your health information for purposes of conducting special investigations as authorized by law.
- d. *Workers' Compensation.* We may share your health information for Workers' Compensation or similar programs that provide benefits for work-related injuries or illness.
- e. *Public Health.* We may share your health information with public health authorities for public health purposes to prevent or control disease, injury, or disability. This includes, but is not limited to, reporting disease, injury, and important events such as birth or death and conducting public health monitoring, investigations, or activities. For example, we may share your health information to (1) report child abuse or neglect, (2) collect and report on the quality, safety, and effectiveness of products and activities regulated by the Food and Drug Administration (FDA) (such as drugs and medical equipment and could include product recalls, repairs, and monitoring), or (3) notify a person who may have been exposed to or is at risk of spreading a disease.
- f. *Health Oversight.* We may share your health information with a health oversight agency for purposes of (1) monitoring the health care system, (2) determining benefit eligibility for Medicare, Medicaid, and other government benefit programs, and (3) monitoring compliance with government regulations and civil rights laws.
- g. *Coroners, Medical Examiners, and Funeral Directors.* We may share your health information with a coroner or medical examiner in order to identify a deceased person, to determine the cause of death, or for other reasons allowed by law. We may also share your health information with funeral directors, as necessary, so they can carry out their duties.
- h. *Inmates.* If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share your health information with the correctional institution or law enforcement official. This would be necessary (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

**B. Ways we are allowed to use and give your health information to others with your verbal permission:**

1. *People Involved in Your Care or Payment for Your Care.* We may share your health information with a friend, family member, or another person identified by you who is involved in your medical care or the payment of your medical care. We may share your health information with these persons if you are present or available before we share your health information with them and you do not object to our sharing your health information with them, or we reasonably believe that you would not object to this.

If you are not present and certain circumstances indicate to us that it would be in your best interests to do so, we will share information with a friend or a family member or someone else identified by you, to the extent necessary. This could include sharing information with your family or friend so that they could pick up a prescription or a medical supply. We may share medical information about you with an organization assisting in a disaster relief effort.

**C. In all other ways, we will require your written permission before your health information is used or shared with others:**

Except as stated in sections A. and B., your written permission is required before we can use or share your health information with anyone outside of AP&SC. This permission is provided through a form. If you give us permission to use or share health information about you, you may cancel that permission, in writing, at any time. If you cancel your permission, we will no longer use or share your health information for the reasons you have given us in your written permission. However, we are unable to take back any information that we have already shared with your permission.

**Your rights concerning your health information**

The law gives you the following rights about your health information:

1. *Right to Ask to See and Copy.* You have the right to ask to see and copy the health information we used to make decisions about your care. Your request must be in writing and given to your doctor or the place where you were treated. You can call your doctor's office or the place where you were treated to find out how to do this. If you ask to see or copy your health information, you may have to pay for costs for copying, mailing, or other costs. We may tell you that you cannot see or copy some or all of your health information. If we tell you this, you may ask that someone else at AP&SC review this decision. A licensed health care professional chosen by UPMC will review those that can be reviewed. This person will not be the same person who refused your request. We will do whatever this person decides.
2. *Right to Ask for a Correction.* If you feel that health information we have about you is incorrect or incomplete, you may ask us to correct the information. You have the right to ask for a correction for as long as the information is kept by or for AP&SC. You must put your request in writing and give it to your doctor or the place where you received care. If you do not ask in writing or give your reasons in writing, we may tell you that we will not do as you have asked. We have the right to refuse your request if you ask us to correct information that (1) was not made by us, unless the person or place that originally made the information is no longer available to make the correction, (2) is not part of the health information kept by or for AP&SC, (3) is not part of the information you are permitted by law to see and copy, or (4) we decide is correct and complete.
3. *Right to Ask for an Accounting of Disclosures.* You have the right to ask us for an "accounting of disclosures." This is a list of those people outside of AP&SC that have received your health information. This right does not include information shared for treatment, payment, or health care operations or when you have provided us with permission to do so. You must put your request in writing and give it to your doctor or the place where you received care. You must include in your written request how far back in time you want us to go. It may not be longer than six (6) years.
4. *Right to Ask for Limits on Use and Sharing.* You have the right to ask us to limit the health information we use or share with others about you for treatment, payment, or health care operations. You also have the right to ask us to limit health information that we share with someone who is involved in your care or payment for your care, like a family member or friend. You can call your doctor's office or the place where you received your care to get instructions on how to submit such a request. In your request, you must tell us (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both, and (3) the person or institution the limits apply to (for example, your spouse). For example, you could ask that we not use or share information about a surgery you had. You must put your request in writing and give it to your doctor or the place where you received your care. We are not required to agree to your request. If we do agree to your request, we will not follow your request if the information you asked us to limit is needed to give you emergency treatment.

5. *Right to Ask for Confidential Communications.* You have the right to ask that we contact you about your health information in a certain way or at a certain location that you believe provides you with greater privacy. You can ask that we contact you at work or by mail. Your request must state how or where you wish to be contacted. You must make your request in writing to your doctor or the place where you received care. You do not need to provide a reason for your request. We will comply with all reasonable requests.
6. *Right to Ask for a Paper Copy of This Notice.* You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically (for example, through the computer), you still have the right to a paper copy of this Notice. You can get a copy of this Notice at our Web site at <http://www.theAPSC.com/>. To obtain a paper copy of this Notice, contact your doctor's office or the registration department of the place where you received care.

### **Violation of privacy rights**

If you believe your privacy has been violated by us, you may file a complaint directly with us. You can do this by contacting the AP&SC at **313-586-4030**

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Secretary of Health and Human Services, you must (1) name the AP&SC place or person that you believe violated your privacy rights and describe how that place or person violated your privacy rights, and (2) file the complaint within 180 days of when you knew or should have known that the violation occurred.

All complaints to the Secretary of the U.S. Department of Health and Human Services must be in writing and addressed to:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

You will not be penalized for filing a complaint.

### **Changes to this Notice**

We reserve (have) the right to change this Notice. We reserve (have) the right to make the revised or changed Notice effective for health information we already have about you and for any future health information. We will post a copy of the revised Notice in the places where we provide medical services. The Notice will contain the effective date on the first page, in the top left-hand corner. We will provide to you, if you ask us, a copy of the Notice that is currently in effect each time you register at AP&SC for treatment or health care services.

### **If you have questions about this Notice**

If you have any questions about this Notice, please contact your doctor or the place where you received care. You may also call AP&SC's Notice of Privacy number at **313-586-4030**