

# Notice of Privacy Practices

## Joint Notice of Health Information Practices ~ "The Organization"

Initial Effective Date: April 13, 2003  
Current Revision: September 21, 2013

**This Joint Notice of Health Information Practices describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

This is a Joint Notice of Health Information Practices ("Joint Notice"). When this Joint Notice refers to "we" or "us," it is referring to the entities, staff, and providers of "The Organization", including: Dr O'Connell's PainCare Centers, Inc.: PainCare Ambulatory Surgery Center-Merrimack, PainCare Ambulatory Surgery Center, Somersworth; Pinewood Professionals, LLC: PainCare Centers of New Hampshire; Salmon Falls Family Healthcare, Pinewood Medical Group, Pinewood Counseling & Rehabilitation, Pinewood Medical Laser, Pinewood Medical Laboratory; Total Body Therapy, LLC; Mosenthal Spine and Sport, LLC; John Kane, APRN, CRNA.

As part of your health care at our organization, we create and maintain a record about you and the care you receive. We need this record to provide you with quality care and to obey certain laws. This record is personal medical information that is protected by law and is called "protected health information" or "PHI". This includes demographic information that may identify you and that relates to health care services provided to you, the payment of health care services provided to you, or your physical or mental health or condition, in the past, present or future. We keep this PHI in paper form such as a chart or electronic form on a computer. We are committed to keeping your protected health information safe. This Notice will tell you about: the ways we may use and share your PHI, your rights, and our responsibilities regarding the use and sharing of PHI.

### **SUMMARY: Your Information. Your Rights. Our Responsibilities.**

#### **Your Rights**

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've 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

#### **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services and sell your information
- Raise funds

#### **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 the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

# 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**

- In most cases, you have the right to see and receive a copy of your PHI that we have, but you must make the request in writing. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.
- You also have the right to have us provide a copy of your PHI directly to another person whom you designate by providing us with a completed authorization form. We will provide a copy or a summary of your health information, usually within 30 days of your request.
- If you request paper copies of your PHI, you will be charged our regular fee for copying and mailing the requested information. For EHR, you may be charged the cost of labor to produce the electronic copy or make the electronic transmission, and the cost of any portable media device on which the copy is provided. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. You must provide the request and your reason for the request in writing. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- Your request may be denied if the information in question: was not created by us (unless you show that the original source of the information is no longer available to seek amendment from), is not part of our records, is not the type of information that would be available to you for inspection or copying (for example, psychotherapy notes), or is accurate and complete. If your request to amend your health information is denied, our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don’t file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and notify others that need to know about the change to your PHI. Requests to amend health information must be submitted in writing to the Contact listed on the final page of this Notice.

### **Request alternate 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.
- To request communications via alternative means or at alternative locations, you must submit a written request to the Contact listed on the final page of this Notice. For email communications, a Waiver must be completed.
- All reasonable requests will be granted.

### **Ask us to limit what we use or share**

- You have the right to request restrictions on the use and disclosure of your PHI. To request a restriction, submit a written request to the Contact listed on the final page of this Joint Notice.
- We are not required to agree to your request, and we may say “no.” If we do agree to a restriction, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to use.
- If you pay in full for the services we have provided and request that we not disclose to your health plan PHI pertaining solely to the provision of those services, we will honor that request to the extent that PHI has not already been disclosed.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) 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 respond within 60 days of receiving your request. To request an accounting of disclosures, submit a written request to the Contact listed on the final page of this Notice.
- 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 at no charge 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 someone is your parent or legal guardian, is an attorney-in-fact under a durable power of attorney for health care, is the representative of your estate upon your death, or, in certain circumstances, your surviving spouse, 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 the Contact listed on the final page of this Notice.
- 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/](http://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 with your family, a relative, a close personal friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care or payment for your health care.
- Share information with your school: If you are a student or prospective student of a school, and you agree to the disclosure, we may disclose PHI, limited to proof of immunization only, to your school, where the law requires the school to have the information prior to admitting you.
- Share information following your death: After your death, we may disclose to a member of your family, a relative, a close personal friend or any other person that you identify, your PHI that directly relates to that person's involvement in your health care or payment for your health care prior to your death. We may not make such disclosures to the extent you inform us, prior to your death, that you object to some or all such disclosures.
- Share information in a disaster relief situation.

*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:

- Marketing purposes: Marketing is a communication that encourages you to purchase or use a product or service. However, it is not marketing if we communicate with you about health-related products or services that we offer, as long as we are not paid by a third party for making the communication. Nor is your written authorization required for us to communicate with you face-to-face or for us to give you a gift of nominal value.
- Sale of your information.
- Fundraising purposes.
- Most sharing of psychotherapy notes: "Psychotherapy notes" are the recorded notes (in any form) of a mental health professional that document or analyze the contents of conversations during a counseling session, if kept separately from the rest of your medical record.

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Treat you (Treatment)**

We can use your health information and share it with other professionals who are treating you and to provide, coordinate, or manage your health care and any related services.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### **Bill for your services (Payment)**

We can use and share your health information to bill and get payment from health plans or other entities. Payment refers to the collection of premiums, reimbursements, coverage, determinations, billing, claims management, medical necessity determinations, utilization review, and pre-authorization services. We may also disclose your PHI to another health care provider for its payment activities if it received your PHI for treatment purposes.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

#### **Run our organization (Operations)**

We can use and share your health information for the purposes of our day-to-day operations and functions, improve your care, and contact you when necessary.

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

#### **Appointment reminders and other notifications.**

We may use or share your PHI, as necessary, to contact you to remind you of your appointment and to provide you with information about treatment alternatives.

#### **Business Associates.**

We will share your PHI with third party "business associates" that perform various activities (for example, billing or transcription services) for the practice. Business Associates who handle PHI are legally bound to protect PHI.

## **Other uses and disclosures.**

We may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your provider. We may also call you by name in the waiting room.

## **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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

The following examples of permitted uses and disclosures are not provided as an all-inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

### **Help with public health and safety issues**

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

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Reporting births, death, and various diseases to government official in charge of collecting that information.

### **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're complying with federal privacy law. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner, coroner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

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 example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
- For special government functions such as military, veteran, 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, or in response to a subpoena consistent with state law.

## **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 of it.
- 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](http://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, in our office, and on our web site.

### **Designated Contact Person:**

**Briana Iani, Privacy Officer**  
255 Rte 108  
Somersworth, NH 03878  
800-660-4004