

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW THE KAHAN CENTER FOR PAIN MANAGEMENT MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Kahan Center for Pain Management is required by law to maintain the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by The Kahan Center for Pain Management or received by The Kahan Center for Pain Management from other healthcare providers.

We are required to provide you with our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice. The Kahan Center for Pain Management will abide by the terms of this Notice, or the Notice currently in effect at the time of the use or disclosure of your protected health information.¹

The Kahan Center for Pain Management reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information that we maintain. Patients will be provided a copy of any revised Notices upon request. An individual may obtain a copy of the current Notice from our office at any time.

Uses and Disclosures of Your Protected Health Information not Requiring Your Consent

The Kahan Center for Pain Management may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment and healthcare operations. There are certain restrictions on uses and disclosures of treatment records, which included registration and all other records concerning individuals who are receiving, or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV test results.

Treatment may include:

- Providing, coordinating, or managing healthcare and related services by one or more healthcare providers;
- Consultations between healthcare providers concerning a patient;
- Referrals to other providers for treatment;
- Referrals to nursing homes, foster care homes, or home health agencies

For example, The Kahan Center for Pain Management may determine that you require the services of a specialist. In referring you to another doctor, The Kahan Center for Pain Management may share or transfer your healthcare information to that doctor.

Payment activities may include:

- Activities undertaken by The Kahan Center for Pain Management to obtain reimbursement for services provided to you;
- Determining your eligibility for benefits or health insurance coverage;
- Managing claims and contacting your insurance company regarding payment;
- Collection activities to obtain payment for services provided to you;
- Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges;
- Obtaining pre-certification and pre-authorization of services to be provided to you.

For example, The Kahan Center for Pain Management will submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis, and the services provided to you.

Healthcare operations may include

- Contacting healthcare providers and patients with information about treatment alternatives;
- Conducting quality assessment and improvement activities;
- Conducting outcomes evaluation and development of clinical guidelines;
- Protocol development, case management, or care coordination;
- Conducting or arranging for medical review, legal services, and auditing functions.

For example, The Kahan Center for Pain Management may use your diagnosis, treatment, and outcome information to measure the quality of the services that we provide, or assess effectiveness of your treatment when compared to patients in similar situations.

The Kahan Center for Pain Management may contact you, by telephone or mail, to provide appointment reminders. You must notify us if you do not wish to receive appointment reminders.

We may not disclose your protected health information to family members or friends who may be involved with your treatment or care without your written permission. Health information may be released without written permission to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

There are additional situations when The Kahan Center for Pain Management is permitted or required to use or disclose your protected health information without your consent or authorization. Examples include the following:

- As permitted or required by law.
In certain circumstances we may be required to report individual health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is reasonable cause to believe that the wound occurred as a result of a crime.
- For public health activities.
We may release healthcare records, with the exception of treatment records, to certain government agencies or public health authority authorized by law, upon receipt of written request from that agency. We are required to report positive HIV test results to the state epidemiologist. We may also disclose HIV test results to other providers or persons when there has been or will be risk of exposure.

¹This Notice is prepared in accordance with the Health Insurance Portability and Accountability Act. 45. C.F.R. 164.520.

I _____ acknowledge that I have received a copy of
(Name of Patient)
Center for Pain Medicine & Physiatric Rehabilitation's Notice of Privacy Practices. This Notice
describes how Center for Pain Medicine & Physiatric Rehabilitation may use and disclose my
protected health information, certain restrictions on the use and disclosure of my healthca
information, and rights I may have regarding my protected health information.

(Signature of Patient, or Personal Representative)

(Date)

(Relationship to Patient)