

Valley Pain Clinic

NOTICE OF INFORMATION PRACTICES

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

You have the right to obtain a paper copy of this notice upon request.

Patient health information

Under federal law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment and related medical information. Your health information also includes payment, billing and insurance information.

How we use patient health information

We use health information about you for treatment, to obtain payment, and for health care operation, including administrative purposes and evaluation of the quality of care that you receive. Before we can use the information for these purposes, we must obtain your written consent. This consent is included on a form that you have been asked to sign.

This notice gives examples of how we will use or disclose your health information for treatment, payment, and health care operation. The notice also describes circumstances when we may have to use or disclose the information even without your consent.

Examples of Treatment, Payment, and Health care operations

Treatment: We will use and disclose your health information to provide you with medical treatment or service. For example, nurses, physicians and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care provider who is participating in your treatment, to pharmacists who are filling your prescriptions, and to family member who are helping with your care.

Payment: We will use and disclose your health information for payment purposes, for example, we may need to obtain authorization from your insurance company before

providing certain types of treatment. We will submit bills and maintain records of payment from your health plan.

Health care operations: We will use and disclose your health information to conduct our standard internal operation, including proper administration of records, evaluation the quality of the treatment, and to assess the care and outcome of your case and other like it.

Special Uses

We may use your information to contact you with appointment reminder. We may also contact you to provide information about treatment alternatives or other health related benefits and services that may be of interest to you.

Other Uses and Discloser

We may use and disclose identifiable health information about you for other reasons, even without your consent. Subject to certain requirements, we are permitted to give out health information without your consent for the following purposes:

- **Required by law:** We may be required by law to report gunshot wounds, suspected abuse or neglect, or similar injuries and events.
- **Public Health activities:** As required by law, we may disclose vital statistics, disease, information related to recalls of dangerous products to public health authorities, and similar information.
- **Health Oversight:** We may be required to disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.
- **Judicial and administrative proceedings:** We may disclose information in response to an appropriate subpoena or court order.

- Law enforcement purposes: Subject to certain restriction, we may disclose information required by law enforcement officials.
- Deaths: We may report information regarding deaths to coroners, medical examiner, and funeral directors.
- Serious threat to health or safety: We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- Military and veterans: If you are a member of the armed forces, we may release information as required by military commands authorities.
- Research: We may use or disclose information for approved medical research.
- Workers compensation: We may release information about you for workers compensation or similar programs providing benefits for work-related injuries or illness.

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosure.

Individual Rights

You have the following rights with regard to your health information. Please contact the person listed below to obtain the appropriate form for exercising these rights:

Request Restriction: You may request restriction on certain uses and disclosures of your health information. We are not required to agree to such restriction, but if we do agree, we must abide by those restrictions.

Confidential communication: You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcard to remind you of appointment.

Inspect and obtain copies: In most cases, you have the right to look at or get a copy of your health information. There may be a small charge for the copies.

Amend information: If you believe that information in your record is incorrect, or important information is

missing, you have the right to request that we correct the existing information or add the missing information.

Accounting of disclosures: You may request a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or health care operations.

Our Legal Duty

We are required by law to protect and maintain the privacy of your health information, to provide this notice about our legal duties and privacy practices regarding protected health information, and to abide by the terms of the notice currently in effect.

Changes in privacy practices

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and each examination. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

Complaints

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You also may send a written complaint to the U.S. department of health and human services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filling a complaint.

Contact person

If you have any question, request or complaints, please contact

Ahmad Shikhtholth, MD	Medical Director
Firyad Hakim	Office Manager
Address:	2208 Danville Rd Suite G Decatur, AL. 35601
Phone No	(256) 301-9994

Effective Date: The effective date of this notice is January 11, 2011