

HIPAA NOTICE OF PRIVACY PRACTICES- OMNIBUS

The Pain & Rehab Institute, PA
updated 9/21/2017

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED and your rights. These privacy practices are in accordance with the original HIPAA enforcement effective April 14, 2003, and undated to Omnibus Rule effective March 26, 2013 and will remain in effect until we replace them as specified by Federal and/or State Law.

PLEASE REVIEW IT CAREFULLY

For purposes of this Notice "us" "we" and "our" refers to the Name of The Pain & Rehab Institute and "you" or "your" refers to our patients (or their legal representatives as determined by us in accordance with state informed consent law). We are committed to maintaining the privacy of your health information and we have implemented numerous procedures to ensure that we do so.

OUR RULES ON HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Documentation – Under the law, we must have your signature on a written, dated Consent Form and/or an Authorization Form of Acknowledgement of this Notice, before we will use or disclose your PHI for certain purposes as detailed in the rules below. You will be asked to sign an Authorization / Acknowledgement form when you receive this Notice of Privacy Practices. If you did not sign such a form or need a copy of the one you signed, please contact our Privacy Officer. You may take back or revoke your consent or authorization at any time (unless we already have acted based on it) by submitting our Revocation Form in writing to us at our address listed above. Your revocation will take effect when we actually receive it.

General Rule – If you do not sign our authorization/ acknowledgement form or if you revoke it, as a general rule (subject to exceptions described below under "Healthcare Treatment, Payment and Operations Rule" and "Special Rules"), we cannot in any manner use or disclose to anyone (excluding you, but including payers and Business Associates) your PHI or any other information in your medical record. By law, we are unable to submit claims to payers under assignment of benefits without your signature on our authorization/ acknowledgement form. You will however be able to restrict disclosures to your insurance carrier for services for which you wish to pay "out of pocket" under the new Omnibus Rule. We will not condition treatment on you signing an authorization / acknowledgement, but we may be forced to decline you as a new patient or discontinue you as an active patient if you choose not to sign the authorization/ acknowledgement or revoke it.

Healthcare Treatment, Payment and Operations Rule

With your signed consent, we may use or disclose your PHI in order:

- To provide you with or coordinate healthcare treatment and services.
- To bill or collect payment from you, an insurance company, a managed-care organization, a health benefits plan or another third party.
- To run our office, assess the quality of care our patients receive and provide you with customer service.

Special Rules

Notwithstanding anything else contained in this Notice, only in accordance with applicable HIPAA Omnibus Rule, and under strictly limited circumstances, we may use or disclose your PHI without your permission, consent or authorization for the following purposes:

- When required under federal, state or local law
- When necessary in emergencies to prevent a serious threat to your health and safety or the health and safety of other persons
- When necessary for public health reasons
- For federal or state government health-care oversight activities
- For judicial and administrative proceedings and law enforcement purposes
- For Worker's Compensation purposes
- For intelligence, counterintelligence or other national security purposes
- For organ and tissue donation
- For research projects approved by an Institutional Review Board or a privacy board to ensure confidentiality
- To create a collection of information that is "de-identified"
- Is necessary to prevent or lessen a serious or imminent threat to the health and safety of a person or the public and is to person or persons reasonably able to prevent or lessen that threat. In these emergency situations we may, based on our professional judgment and the surrounding circumstances, determine

that disclosure is in the best interests of you or the other person, in which case we will disclose PHI, but only as it pertains to the care being provided and we will notify you of the disclosure as soon as possible after the care is completed.

Minimum Necessary Rule

We may use and disclose the entire contents of your medical record:

- To you (and your legal representatives as stated above) and anyone else you list on a Consent or Authorization to receive a copy of your records
- To healthcare providers for treatment purposes (i.e. making diagnosis and treatment decisions or agreeing with prior recommendations in the medical record)
- To the U.S. Department of Health and Human Services (i.e. in connection with a HIPAA complaint)
- To others as required under federal or state law
- To our privacy officer and others as necessary to resolve your complaint or accomplish your request under HIPAA (i.e. clerks who copy records need access to your entire medical record)

In accordance with HIPAA law, we presume that requests for disclosure of PHI from another Covered Entity for the minimum necessary amount of PHI to accomplish the requestor's purpose. If we believe that a request from others for disclosure of your entire medical record is unnecessary, we will ask the requestor to document why this is needed, retain that documentation and make it available to you upon request.

Incidental Disclosure Rule

We will take reasonable administrative, technical and security safeguards to ensure the privacy of your PHI when we use or disclose it. However, in the event that there is a breach in protecting your PHI, we will follow Federal Guide Lines to HIPAA Omnibus Rule Standard to first evaluate the breach situation using the Omnibus Rule, 4-Factor Formula for Breach Assessment. Then we will document the situation, retain copies of the situation on file, and report all breaches (other than low probability as prescribed by the Omnibus Rule) to the US Department of Health and Human Services at:

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brinstruction.html>

We will also make proper notification to you and any other parties of significance as required by HIPAA Law.

Business Associate Rule

Business Associates are defined as: an entity, (non-employee) that in the course of their work will directly / indirectly use, transmit, view, transport, hear, interpret, process or offer PHI for this Facility. Business Associates and other third parties that receive your PHI from us will be prohibited from re-disclosing it unless required to do so by law or you give prior express written consent to the re-disclosure.

Super-confidential Information Rule

If we have PHI about you regarding communicable diseases, disease testing, alcohol or substance abuse diagnosis and treatment, or psychotherapy and mental health records (super-confidential information under the law), we will not disclose it under the General or Healthcare Treatment, Payment and Operations Rules without you first signing and properly completing our Consent form. You must specifically initial the type of super-confidential information we are allowed to disclose. If you do not specifically authorize disclosure by initialing the super-confidential information, we will not disclose it unless authorized under the Special Rules. If we disclose super-confidential information, we will comply with state and federal law that requires us to warn the recipient in writing that re-disclosure is prohibited.

Changes to Privacy Policies Rule

We reserve the right to change our privacy practices at any time as authorized by law. The changes will be effective immediately upon us making them and they will apply to all PHI we create or receive in the future, as well as to all PHI created or received by us in the past. If we make changes, we will post the changed Notice, along with its effective date, in our office and on our website. If requested, you will be given an updated copy.

Authorization Rule

We will not use or disclose your PHI for any purpose or to any person other than as stated in the rules above without your signature on our specifically worded, written Authorization / Acknowledgement Form.

Faxing and Emailing Rule

You may request us to fax or email your PHI as an alternative communication. We will review this request and reserve the right to deny. We will confirm that the fax number or email address is correct before sending the message. Our emails are all encrypted per Federal Standard for your protection.

Practice Transition Rule

If we sell our practice, our patient records (including but not limited to your PHI) may be disclosed and physical custody may be transferred to the purchasing healthcare provider, but only in accordance with the law.

Inactive Patient Records

We will retain your records for seven years from your last treatment or examination, at which point you will become an inactive patient in our practice and we may destroy your records at that time (but records of inactive minor patients will not be destroyed before the child's eighteenth birthday). We will do so only in accordance with the law (i.e. in a confidential manner, with a Business Associate Agreement prohibiting re-disclosure if necessary).

Collections

If we use or disclose your PHI for collections purposes, we will do so only in accordance with the law.

MARKETING AND FUND RAISING RULES

Limitations on the disclosure of PHI regarding Remuneration

The disclosure or sale of your PHI without authorization is prohibited. In addition, the disclosure of your PHI for research purposes or for any other purpose permitted by HIPAA will not be considered a prohibited disclosure if the only reimbursement received is "a reasonable, cost-based fee" to cover the cost to prepare and transmit your PHI which would be expressly permitted by law. Under the Omnibus Rule, an authorization to disclose PHI must state that the disclosure will result in remuneration to the Covered Entity. Notwithstanding the changes in the Omnibus Rule, the disclosure of limited data sets for remuneration pursuant to existing agreements is permissible until September 22, 2014, so long as the agreement is not modified within one year before that date.

Limitation on the Use of PHI for Paid Marketing

We will, in accordance with Federal and State Laws, obtain your written authorization to use or disclose your PHI for marketing purposes, but not for activities that constitute treatment or healthcare operations. **Marketing** is defined by HIPAA's Omnibus Rule, as "a communication about a product or service that encourages recipients to purchase or use the product or service."

Under Omnibus Rule we will obtain written authorization prior to using your PHI or making any treatment or healthcare recommendations, should financial remuneration for making the communication be involved from a third party whose product or service we might promote. This will also apply to our Business Associate whom may receive such remuneration for making a treatment or healthcare recommendations to you.

The only exclusion to this would include: "refill reminders", so long as the remuneration for making such a communication is "reasonably related to our cost" for making such a communication. In accordance with law, this facility and our Business Associates will only ever seek reimbursement from you for permissible costs that include: labor, supplies, and postage.

Flexibility on the Use of PHI for Fundraising

Use of PHI is more flexible and does not require your authorization when including you in any fund raising efforts attempted at this facility. We will offer the opportunity for you to "opt out" of receiving future fundraising communications. Our commitment to treat you will in no way effect your decision to participate or not participate in any fund raising efforts.

Improvements to Requirements for Authorizations Related to Research

We may seek authorizations from you for the use of your PHI for future research. We would make clear what those uses are in detail prior to use.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

If you got this Notice via email or website, you have the right to get, at any time, a paper copy by asking. Also, you have the following additional rights regarding PHI we maintain about you:

To Inspect and Copy

You have the right to a copy of your PHI including, but not limited to, medical and billing records by submitting a written request to our office. Original records will not leave the premises, will be available for inspection only during our regular business hours, and only if our Privacy Officer is present at all times. You may ask for copies in a format other than photocopies (and we will do so unless we determine that it is impractical) or ask us to prepare a summary in lieu of the copies. We may charge you a fee not to exceed state law to recover our costs to duplicate or summarize your PHI. We will not condition release of the copies due to outstanding

balance for professional services if you have one. We will comply with Federal Law to provide your PHI in an electronic format within the 30 days, to Federal specification, when you provide us with proper written request. Paper copy will also be made available. We will respond to requests in a timely manner. We may deny your request in certain limited circumstances. If we deny your request, you may ask for a review of that decision. If required by law, we will select a licensed health-care professional to review the denial and we will follow his or her decision.

To Request Amendment / Correction

If another doctor involved in your care tells us in writing to change your PHI, we will do so as expeditiously as possible upon receipt of the changes and will send you written confirmation that we have made the changes. If you think PHI we have about you is incorrect or missing, you may ask us to amend or correct it by submitting a **"Request for Amendment / Correction"** form to our Privacy Officer. We will act on your request within 30 days from receipt but we may extend our response time as per Federal Law allowances and will notify you in writing. If we grant your request, we will make the changes by noting (not deleting) what is incorrect or incomplete and adding to it the changed language, and send it to the persons you ask us to and persons we know may rely on incorrect or incomplete PHI to your detriment. If we deny your request, we will tell you why and how to file a complaint with us. If you disagree, you may submit a written disagreement with our denial to us and the U.S. Department of Health and Human Services.

To an Accounting of Disclosures

You may request a list of those who got your PHI from us by submitting a **"Request for Accounting of Disclosures"** form to us. The list will not cover some disclosures. Your request must state in what form you want the list and the time period you want us to cover, which may be up to but not more than the last six years (excluding dates before April 14, 2003). If you ask us for this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.

To Request Restrictions

You may ask us to limit the use and disclosure of PHI by submitting a written **"Request for Restrictions on Use, Disclosure"** form to us. If we agree to these additional limitations, we will follow them except in an emergency where we will not have time to check for limitations. In some circumstances, requests may be denied.

To Request Alternative Communications

You may ask us to communicate with you in a different way or at a different place by submitting a written **"Request for Alternative Communication"** Form to us. We will not ask you why and we will accommodate all reasonable requests. You must tell us the alternative means or location you want us to use and explain to our satisfaction how payment to us will be made if we communicate with you as you request.

To Complain or Get More Information

We will follow our rules as set forth in this Notice. If you want more information or if you believe your privacy rights have been violated, we want to make it right. We never will penalize you for filing a complaint. To do so, please file a formal, written complaint within 180 days with:

The U.S. Dept. of Health & Human Services
Office of Civil Rights
200 Independence Ave., S.W.
Washington, DC 20201
877.696.6775

Or, submit a written Complaint form to:
PRI, attn.: HIPAA officer
116 Morlake Dr., suite 204
 Mooresville, NC 28117
704-663-3777 704-664-6615 fax

You may get your **"HIPAA Complaint"** form by calling our privacy officer.