

## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### Introduction:

At Pain Consultants of San Diego, we are committed to treating and using Protected Health Information (PHI) about you responsibly. We are required by law to maintain the privacy of your PHI and provide you with notice of our legal duties and privacy practices. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your PHI. This notice is effective 11/01/2015 and applies to all PHI, as defined by federal regulations. We are required to abide by the terms of this notice and our privacy policies.

### Understanding Your Protected Health Information:

Each time you visit your healthcare Provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, a plan for future care or treatment, and other individually identifiable health information. This information, often referred to as your health/medical record or Protected Health Information (PHI) may be used or disclosed for the following purposes.

1. **For Treatment:** PHI may be used and disclosed for treatment purposes and for the provision of treatment-related healthcare services. For example, a doctor treating you may need to know what medications you are currently taking because it may affect what medications may be prescribed to you.
2. **For Payment:** PHI may be used and disclosed for billing and payment purposes. For example, we may give information to your health plan about treatment we provide so your health plan may pay us for the treatment provided.
3. **For Healthcare Operations:** PHI may be used and disclosed for healthcare operations. For example, uses and disclosures may be necessary to ensure that you receive quality care. PHI may also be disclosed to other entities that have a relationship with you (ex.your health plan) for their healthcare operations.
4. **Appointment reminders, Treatment Alternative, and Health- Related Benefits and Services:** PHI may be used and disclosed to contact you to remind you of a medical appointment. PHI may also be disclosed to inform you of treatment alternatives or of health- related benefits and services that may be of interest to you.
5. **Individuals Involved in the Patient's Care or Payment for the Patient's Care:** If appropriate, PHI may be shared with a person who is involved in your medical care or the payment of your medical care (ex.close friends and family members). Family members may be notified of your location or general condition.

6. **Disaster Relief:** PHI may be disclosed to disaster relief organizations that seek your PHI to coordinate your care, or notify your family and friends of your location or condition in a disaster. You must be provided the opportunity to agree or object to such a disclosure whenever it is practical to do so.
7. **Research:** Subject to state and federal law, PHI may be used and disclosed for research purposes. Before PHI is used or disclosed for research purposes, the project must have gone through a special approval process. However, even without the special approval process, researchers may be permitted to look at limited records or data to help identify patients who may be included in their research project as long as the researchers do not remove or copy any PHI.
8. **Special Situations:**
  - a. **As Required by Law:** PHI may be disclosed when required by international, federal, state, or local law.
  - b. **To Avert Serious Threat to Health or Safety:** PHI may be used and disclosed when necessary to prevent a serious threat to your health or safety or the health and safety to the public or another person. The disclosure must be made to someone able to help stop or reduce the threat.
  - c. **Business Associates:** PHI may be disclosed to business associates that perform functions on behalf of, or provide services to, your Healthcare Provider if the PHI is necessary for such functions and services.
  - d. **Organ and Tissue Donation:** If you are an organ donor, your PHI may be disclosed to organizations that handle organ procurement or other entities engaged in procurement, banking, or transportation of organs, eyes, or tissue to facilitate donation and transplantation.
  - e. **Military Veterans:** If you are/were a member of the armed forces, PHI may be disclosed as required by military command authorities as authorized by law. PHI may be released for an appropriate foreign military authority if you are a member of that foreign military.
  - f. **Worker's Compensation:** PHI may be disclosed for worker's compensation or similar programs. Such programs provide benefits for work-related injuries or illnesses.
  - g. **Public Health Risks:** PHI may be disclosed for public health activities. These activities generally include disclosures to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls or products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if your Healthcare Provider believes you have been the victim of abuse, neglect, or domestic violence.
  - h. **Health Oversight Activities:** PHI may be disclosed to a health oversight agency as authorized by law. Oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.
  - i. **Data Breach Notification:** PHI may be used and disclosed to provide legally required notices of unauthorized access to or disclosure of your PHI.

- j. **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, PHI may be disclosed in response to a court or administrative order. Your Healthcare Provider may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- k. **Law Enforcement:** PHI may be disclosed if your Healthcare Provider is asked by a law enforcement official and the PHI provided is (i) in response to a court order, subpoena, warrant, summons, or similar process; (ii) limited to identify or locate a suspect, fugitive, material witness, or missing person; (iii) about the victim of a crime even if, under certain limited circumstances, your Healthcare Provider is unable to obtain the person's agreement; (iv) about a death your Healthcare Provider believes may be the result of a criminal conduct; (v) about criminal conduct on your Healthcare Provider's premises; and (vi) in an emergency, to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
- l. **Coroners, Medical Examiners and Funeral Directors:** PHI may be disclosed to a coroner, medical examiner, or funeral director as necessary for their duties.
- m. **National Security and Intelligence Activities:** PHI may be disclosed to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- n. **Protective Services for the President and Others:** PHI may be disclosed to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign head of state. PHI may be disclosed to authorized federal officials to conduct special investigations.
- o. **Inmates or Individuals in Custody:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, PHI may be disclosed to the correctional institution or law enforcement official. The disclosure must be necessary (i) for the institution to provide you with healthcare; (ii) to protect your health and safety or the health and safety of others; or (iii) the safety and security of the correctional institution.

### **When Can a Patient Object or Opt Out?**

1. **Individuals Involved in the Patient's Care or Payment for the Patient's Care:** Unless you object, a member of your family, a relative, or a close friend, or any other person you identify may receive PHI that directly relates to the person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, PHI may be disclosed as necessary if it is determined that it is in your best interest based on the exercise of the professional judgement.
2. **Disaster Relief:** PHI may be disclosed to disaster relief organizations that seek your PHI to coordinate your care, or notify your family and friends of your location or condition in a disaster. You must be provided the opportunity to agree or object to such a disclosure whenever it is practical to do so.

### **Uses and Disclosures that Require Written Authorization from the Patient:**

1. **Marketing:** Uses and disclosures of PHI for marketing purposes.
2. **Fundraising:** Uses and disclosures of PHI for fundraising purposes beyond legally defined limits. Your Healthcare Provider does not engage in fundraising.
3. **Sale:** Disclosures that constitute a sale of PHI.
4. **Psychotherapy Notes:** Most uses and disclosure of notes recorded in any medium by a healthcare provider who is also a mental health professional analyzing an/or documenting the contents of conversations during or group/joint/family counseling sessions that are separated from the rest of your medical records. Psychotherapy notes are subject to additional protections under federal law.
5. **Other Uses and Disclosures:** Uses and disclosures of PHI not covered in this notice.

### **Revocation of Authorization:**

**If you wish to revoke the authorization to use and/or disclose your PHI, you must submit a written revocation to you Healthcare Provider. Uses and/or disclosures made in reliance to the authorization prior to revocation will not be affected by the revocation.**

**Deceased Patient's:** PHI of deceased persons is protected to the same extent as that of a living person. The protection expires 50 years after the decedent's death. Prior to the expiration of the protection, PHI may be disclosed to the authorized personal representatives of the decedent (ex.executor and administrator). Prior to the expiration of the protection, PHI may be disclosed to a family member or other person's that have been involved in the decedent's healthcare prior to the decedent's death if the PHI is relevant to the person's involvement unless doing so is inconsistent with the prior expressed preference of the decedent.

### **Patient's Rights to their PHI:**

1. **Right to Inspect and Copy:** You have the right to inspect and copy PHI that may be used to make decisions about your care or payment of your care. This includes billing and medical records, other than psychotherapy notes. **If you wish to inspect and copy your PHI, you must send a written request to you Healthcare Provider. The PHI must be made available within 30 days of the request. A reasonable cost-based fee may be charged for copies of PHI.** A fee may not be charged if the PHI is needed for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. Requests may be denied in certain limited circumstances. If a request is denied, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of the request. Your Healthcare Provider must comply with the outcome of the review.
2. **Right to an Electronic Copy of Electronic Medical Records:** If the PHI is maintained in an electronic format (an electronic medical record or an electronic health record), you have the right to request an electronic copy of your record to be given or transmitted to you or to another individual or entity. If the records are readily reproducible in the

requested form or format, your Healthcare Provider must provide access in the requested form or format. If the records are not readily reproducible in the requested form or format, the record must be provided in either the Healthcare Provider's standard electronic format or- if you reject all other readily reproducible form or format- a readable hard copy. **You may be charged a reasonable and cost- based fee for the labor associated with transmitting the electronic record.**

3. **Right to get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured PHI.
4. **Right to Amend:** If you believe that the PHI in your Healthcare Provider's records is incorrect or incomplete, you may ask your Healthcare Provider to amend the information. You have the right to request an amendment as long as the PHI is kept by or for your Healthcare Provider. **If you wish to amend your PHI, you must send a written request to you Healthcare Provider.** Your request may be denied. If the request is denied, you will be informed in writing within 60 days of the request.
5. **Right to Accounting Disclosures:** You have the right to request a list of certain disclosures of your PHI except for those about treatment, payment, healthcare operations, and disclosures for which you provided written authorization. **If you wish to have a list of disclosures of your PHI, you must send a written request to you Healthcare Provider. Your Healthcare Provider provides one accounting a year for free but will charge a reasonable and cost- based fee for another request made within 12 months of the prior request.**
6. **Right to Request Restrictions:** You have the right to request restriction or limitation on your PHI your Healthcare Provider uses or discloses fir treatment, payment, or healthcare operations. You also have the right to request a limit on the PHI Healthcare Provider discloses to someone involved in your care or the payment of your care (ex.family member or close friend). **If you wish to have a restriction placed on the use and disclosure of your PHI, you must send a written request to your Healthcare Provider.** Your healthcare Provider is not required to agree with the request unless you are asking for you Healthcare Provider to restrict the use and disclosure of your PHI to a health plan for payment or healthcare operations and such information you wish to restrict pertains solely to a healthcare item or service for which you have paid out-of-pocket in full. If your Healthcare Provider agrees to the restriction, your Healthcare Provider must comply with the request unless the information is needed to provide you with emergency treatment.
7. **Out-of-Pocket Payments:** If you paid out-of-pocket in full for a specific item or service, you have the right to ask that the PHI with respect to that item or service not be isclosed to a health plan for purposes of payment of healthcare operations, and Healthcare Provider must honor that request.
8. **Right to Request Confidential Communications:** You have the right to request your Healthcare Provider to communicate with you about medical matters in a specific way or at a specific location. For example, you can request to be contacted only by mail or at work. **If you wish to be contacted in a specific way, you must send a written**

**request to your Healthcare Provider.** Your Healthcare Provider will accommodate all reasonable requests.

- 9. Right to a Personal Representative:** You may give a person a medical power of attorney. You may have a legal guardian. Such person's can exercise your rights and make choices regarding your PHI. Parents and legal guardians generally have the right to make choices regarding the PHI of their child/ward unless the minor is permitted by law to act on his/her own behalf.
- 10. Right to a Paper Copy of Notice of Privacy Practices:** You have the right to a paper copy of the Notice of Privacy Practices. You may ask for a copy at any time. Even if you agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. **To obtain a paper copy of this notice, you must contact your Healthcare Provider.**

#### **Changes to this Notice:**

We reserve the right to change our practices and make the new provisions effective for all PHI we maintain, including the application of such changes to PHI that was created or received prior to the assurance of a revised notice, in accordance with Federal Regulations. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page.

#### **For More Information or to Report a Problem:**

If you have questions and would like additional information, you may contact your Healthcare Provider's HIPPA Privacy and Security officer, Michael Verdolin, at (619) 625-1144. If you believe your privacy has been violated, you can file a complaint with either your Healthcare Provider's HIPPA Privacy or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the HIPPA Privacy and Security Officer for Civil Rights.

#### **HIPPA Privacy and Security Officer:**

Dr. Michael Verdolin  
7051 Alvarado Road, Suite 101 La Mesa, CA 91942  
Phone: (619) 625-1144