



**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.**

**Effective January 1, 2013**

We are required by law to protect the privacy of your health information. We are also required to give you this notice, which explains how we may use information about you and when we can give out or "disclose" that information to others. You also have rights regarding your health information that are described in this notice.

The (ONC), Office of National Coordinator, for Electronic Health Information Exchange, has revised your Consent to: A) No Consent, where your information is automatically included, patient cannot opt- out. B) You have the right to opt- out with exception, where your health information is to be included, but the patient can opt- out entirely or allow only select data to be included. C) You also have the right to Opt-In with restriction, where no patient health information is made available but the patient may allow a subset of select data to be included. D) You may also Opt-In, where the patient must actively express consent to be included, but if they do so then the information must be all in or all out.

The terms "information" or "health information" in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you a revised notice by direct mail or electronically as permitted by applicable law. In all cases, we will post the revised notice.

**Advanced Pain Management** collects written and electronic information to administer our business and to provide products, services and information of importance to our patients. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our patient's information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction or misuse.

It is the legal duty of **Advanced Pain Management** protect the individual's Health information and the HIPAA Privacy Rule gives individual a fundamental new right to be informed of the privacy practices of their health plans and most of their health care, as well as to be informed of their privacy rights with respect to their personal health information.

**Protecting patient's privacy and securing their health information is a core requirement for the Medicare and Medicaid (E.H.R.) Electronic health record program. The SFMC is responsible for taking the steps needed to protect the confidentiality, integrity, and availability of health information and comply with HIPAA, Privacy and Security Rules, CMS Meaningful Use Requirements.**

- **Your Health Information can be transmitted for and by electronic media, and maintained in electronic media format.**
- **For Treatment to all healthcare team members.**
- **For Health Care Operations, Insurance companies for payments.**
- **To provide you with information on your Preventive care/ Annual wellness benefits.**
- **Reminders, we may use or disclose health information to send you reminders about your benefits or care, such as appointment reminders preventive health indicators, either by phone, internet or through our secured Practice Portal as required by law. Access to retrieve this information is available. Contact our office for a secured user and password to access our practice portal.**
- **For Public Health Activities** such as reporting or preventing disease outbreaks.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities that are authorized by law to receive such information, including a social service or protective service agency.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Additional Restrictions of Use and Disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information: Refer to your State Law for additional information.

1. HIV/AIDS;
2. Mental health;
3. Genetic tests;
4. Alcohol and drug abuse;
5. Sexually transmitted diseases and reproductive health information; and
6. Child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law. Types of Medical Information. Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information.

**What Are Your Rights? You have the right to ask to restrict, the right to receive confidential communication, the right to see and obtain a copy, the right to ask to amend, and the right to a paper copy of this notice.**

If you believe your privacy rights have been violated, you may file a complaint with the Compliance Officer / Practice Manager of Advanced Pain Management.

Compliance Officer/Practice Manager: DeeDee Meyer

Address: 325 Clyde Morris Blvd, #400, Ormond, FL 32174

Phone: 386-671-0600

Fax: 386-677-9710

**You may also notify the Secretary of the U.S. Department of Health and Human services.** We will not take any action against you for filing a complaint.

**Updated March 5, 2013.**