

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 encompassing multiple sites owned by the above named entities. Please review it carefully.

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information. Protected Health Information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all Protected Health Information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment. You can also find a copy of our Notice of Privacy Practices on our web site at: www.ccrpain.com, or www.Carolinaspaininstitute.com

We may use and disclose protected health information for the following purposes:

A. Treatment: We may use protected health information about you to provide you with medical treatment or services. We may disclose this health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you. Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as telephoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

B. For Payment: We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to you and payment may be collected from you, an insurance company or third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will pay for the treatment.

C. For Health Care Operations: We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective. We may also disclose your health information to health plans that provide you insurance coverage and other health care providers that care for you. Our disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate and manage health care and services, train staff and comply with the law.

D. Appointment Reminders: We may contact you as a reminder that you have an appointment or change an appointment for medical care at the office. Messages may be left at any numbers that you have provided to us if we are unable to reach you directly.

Special Situations: We may use or disclose health information about you for the following purposes, subject to all applicable legal Requirements and limitations:

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required by Law: We will disclose health information about you when required to do so by federal, state or local law. We will attempt to notify you about the disclosure unless expressly barred by a court or administrative order.

Medical Research: We perform medical research here. Our clinical researchers may look at your health records as part of your current care, or to prepare or perform research. They may share your health information with other CPI/CCR researchers. All patient research conducted at CPI/CCR goes through a special process required by law that reviews protections for patients involved in research, including privacy. We will not use your health information or disclose it outside CPI/CCR for research reasons without either getting your prior written approval or determining that your privacy is protected.

Organ and Tissue Donation: If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Military, Veterans, National Security and Intelligence: If you are, or were, a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release health information about you for workers' compensation or similar programs; these programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose health information about you for public health reasons in order to prevent or control disease, injury, or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Date which Notice is first in Effect is October 2013

Health Oversight Activities: We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

Law Enforcement: We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners, and Funeral Directors: We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Information Not Personally Identifiable: We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Assistance for special projects, services and research: Carolinas Pain Institute and The Center for Clinical Research relies on the kindness of the community to help us provide quality health care to this region. Patients who share their experiences and suggest ways to work with us are giving back in a meaningful way. Their information also helps us improve and expand our services. We may use or share limited information, called demographic information, and the date you received care, to ask for your help. We also may share this information with our related foundation or business associates so they can contact you. Your generosity helps us continue to be an outstanding provider of health-care services in this region.

Others Involved In Your Healthcare: We will provide you the opportunity to object to such releases but unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care, your general condition or your death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably feasible after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

Communication Barriers: We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Other Uses and Disclosures of Health Information: We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time.

Your Rights Regarding Health Information: You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to the Medical Records Department or the Privacy Officer in order to inspect and/or copy records of your health information. The appropriate form for this request is available from the Medical Records Department or the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other associated supplies which we will communicate to you prior to making a copy of your health information.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, health care operations, disclosures you have specifically authorized, and a limited number of special circumstances involving national security, correctional institutions and law enforcement. To obtain this list, you must submit your request in writing to the Privacy Officer. It must state a time period, which may not be longer than six years we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member, friend or other provider. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to use or disclose the information. To request restrictions, you may complete and submit the request to the Privacy Officer. You may revoke any granted requests for restriction at any time. If a request for restriction is granted, it only applies to information provided following receipt and approval of your request.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you may complete and submit the Request For Restriction On Use/Disclosure of Medical Information and/or Confidential Communication to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy.

Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us in writing to our Privacy Officer. We will not refuse to treat you if you file a complaint. You may contact our Privacy Office, Joan Southern, at 336-765-6181 for further information about the complaint process.

PLEASE READ
CAROLINAS PAIN INSTITUTE, P.A.
THE CENTER FOR CLINICAL RESEARCH, LLC

I understand that as a healthcare provider, my physician or the research staff may share my medical information for treatment, billing, and healthcare business purposes. I acknowledge that I have been given information that describes how my medical information is used and shared. I understand the organization has the right to change the Privacy Notice at any time. I may obtain a current copy of the notice by contacting the Compliance Manager at (336) 765-6181 or by visiting the website at www.ccrpain.com.

My signature below constitutes my acknowledgement that I have been provided with a copy of the notice of privacy practices:

Signature of Patient or Legal Representative

Date

Print Full Name

Date

If signed by a legal representative, relationship to patient:

Please complete the following box if unable to secure written acknowledgement of receipt of notice.

I was unable to secure a written Acknowledgement of Receipt of Privacy of Notice because:

Patient is physically unable to sign acknowledgement because _____

Other reason: _____

Patient is comatose and no legal representative is available to sign.

Signature of provider/employee

Date