



**Advanced PainCare**  
**97 N 36TH STREET**  
**Camp Hill, PA 17011**

## **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

For your information, the HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy Rule gives individuals a fundamental right to be informed of the privacy practices of their health care providers, as well as to be informed of their privacy rights with respect to their personal health information. Covered health care providers are required to develop and distribute a notice that provides a clear explanation of these rights and 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.**

If you have any questions about this notice, please contact the Compliance & Privacy Officer at (717) 791-2860 or [info@advancedpaincare.org](mailto:info@advancedpaincare.org)

### **THIS NOTICE DESCRIBES ADVANCED PAINCARE'S PRIVACY PRACTICES**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our practice. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the providers within our practice or in conjunction with other health care providers while care is being provided at another location.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. Please be aware that in the case of HIV, mental health, and drug & alcohol abuse services, a more stringent standard for use and disclosure will be followed in accordance with the Pennsylvania Confidentiality In HIV- Related Information Act, the Pennsylvania Mental Health Procedures Act and its regulations, and Pennsylvania and federal laws and regulations regarding drug and alcohol abuse.

We are required by law to

- maintain the privacy of your medical information;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your medical information.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment** – We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical, nursing or other health care students, or other healthcare personnel who are involved in taking care of you. For example, a technician performing a CT scan on you may need to know about your medical history in order to ensure that contrast can be safely administered or whether additional labs are required prior to administering the contrast. Additional members of the care team such as physical therapists, pharmacists, those providing bracing services, performing labs, or providing consultative services may need to share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work and x-rays.

**For Payment** - We may use and disclose medical information about you so that the treatment and services you receive at the UPMC Pain Management Center may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a procedure you received at the Pain Management Center so your health plan will pay us or reimburse you for the procedure. 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 cover the treatment. You have the right to request restrictions on our disclosures to your health plan of your medical information relating solely to services for which you or someone other than the health plan have paid for out-of-pocket and in full.

**For Health Care Operations** - We may use and disclose medical information about you for Practice operations. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services for the purpose of quality assessment and improvement purposes. As part of business planning and development, we may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health care students, and other personnel for competency review and learning purposes. Additionally, we may disclose information while conducting or arranging medical review, legal services, or auditing functions.

**Appointment Reminders, Pre-registration, Treatment Alternatives and Health-Related Benefits and Services** - We may contact you as a reminder that you have an appointment or to pre-register you for treatment or medical care. We may also contact you to tell you about or recommend possible treatment options or alternatives and health-related benefits or services that may be of interest to you.

**Research** - Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the premises.

**Business Associate** - We may share medical information with persons providing services to us. Examples may include those companies providing auditing, consulting, and collection services. If we share medical information about you with a Business Associate, we will do so in accordance with a contract that assures us that the information will be used in compliance with our privacy practices.

**As Required By Law** - We will disclose medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety** - We may use and disclose medical 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. Any disclosure, however, would only be to someone able to help prevent the threat.

**Military and Veterans** - If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation** - We may release medical 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 medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to prevent or control disease, injury or disability;
- to report births and deaths;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities** - We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government 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 medical information about you in response to a court or administrative order. We may also disclose medical information about you 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.

**Law Enforcement** - We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process.  
**National Security and Intelligence Activities** - We may release medical information about you to authorized federal officials for intelligence, counter intelligence, and other security activities authorized by law.

**Protective Services for the President and Others** - We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy** - You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but only limited access to psychotherapy notes per Pennsylvania regulations (55 Pa. Code §5100.33). An electronic copy of your medical information is available upon request. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Advanced PainCare, Attention Medical Records Requests, 97 N 36TH Street, Camp Hill PA 17011. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who initially denied your request. We will comply with the outcome of the review.

**Right to Amend** - If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the practice. To request an amendment, your request must be made in writing and submitted to the Compliance & Privacy Officer, 97 N 36th Street, Camp Hill, PA 17011. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if the medical information

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy;
- is not part of the medical information kept by or for our practice; or
- is accurate and complete.

**Right to an Accounting of Disclosures** - You have the right to request an accounting of disclosures. This is a list of the disclosures of medical information about you that we made to individuals or entities outside the System. To request this accounting, you must submit your request in writing to the Compliance & Privacy Officer, 97 N 36th Street, Camp Hill, PA 17011. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, in paper or electronically). The first list you request within a 12-month period will be free. For additional lists, 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 medical 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 medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. 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. Your request should specify what information you want to limit, whether use, disclosure or both are restricted and to whom the restrictions apply

**Right to Receive 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 must make your request in writing to the responsible party that will be contacting you with information. 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 this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact the Compliance & Privacy Officer at (717) 791-2860 or fax (717) 869-0043. You may also obtain a copy of this notice at our practice location at 97 N 36TH Street, Camp Hill, PA 17011.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our current practice location. The notice will contain on the first page, in the top right- hand corner, the effective date.

## **QUESTIONS AND COMPLAINTS**

Certain types of uses and disclosures require your authorization, such as for psychotherapy notes, marketing purposes and sales of information. Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## **OTHER USES OF MEDICAL INFORMATION**

If you have a question about this notice or how the System handles your medical information or believe your privacy rights have been violated, you may contact or file a complaint with the Advanced PainCare Compliance and Privacy Office or with the Secretary of the U.S. Department of Health and Human Services. Contact the Advanced PainCare Compliance & Privacy Officer at 97 N 36TH Street, Camp Hill, PA 17011 or (717) 791-2860 or info@advancedpaincare.org. Complaints to the Secretary must be in writing (paper or electronic), must identify the entity about which the complaint is being made, must describe the situation that gives rise to the complaint, and must be filed within 180 days of the date when the complainant knew, or should have known, of the event that gives rise to the complaint. You will not be retaliated against for filing a complaint.