

NOTICE OF PRIVACY PRACTICES

The Pain Treatment Center of the Bluegrass

(Ballard Wright, M.D., P.S.C. & Stone Road Surgery Center -
both entities hereinafter referred to as “the Center”)

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.

This Notice of Privacy describes how we may use and disclose your protected health information (*PHI*) in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) . It also describes your rights to access and control your protected health information. *PHI* 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.

The Center wants to assure its patients that the physicians and staff are committed to maintaining the privacy of your health information under the standards set forth below:

I. HOW THE CENTER MAY USE AND DISCLOSE YOUR PHI:

A. Use And Disclosures Without Your Authorization Or Opportunity To Object

Your *PHI* may be used and disclosed by your physician, our office staff, and others outside of our office who are involved in your care and treatment, for the purpose of providing health care services to you. Your *PHI* may also be used and disclosed to obtain payment for your health care bills and to support the operation of the physicians’ practice. The following are examples of the types of uses and disclosures of your *PHI* that the physicians’ office is permitted to make. These examples are not meant to be exclusive or exhaustive, and the actual use or disclosure of your *PHI* may include activities not contained in this notice.

Treatment: We may use and disclose your *PHI*, as needed, to provide, coordinate, or manage your health care. For example, The Center may disclose your *PHI* to another physician or physician’s office involved in your care. We might also disclose your *PHI*, as necessary, to a home health agency that provides you with care, to ensure that they have access to all information necessary to properly care for you.

Payment: Your *PHI* may be used and disclosed, as needed, to obtain payment for the health care services you receive from us. For example, obtaining approval and/or payment for an office visit may require that your relevant *PHI* be disclosed to your insurance or health plan provider to obtain approval and/or payment for the office visit.

Health Care Operations of The Center: We may use and disclose your *PHI* in order to support the business activities of this physician's practice. These activities may include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging other business activities. For ex., we may review your file to assess and improve the way we provide our services.

The Center may share your *PHI* with third party "business associates" that perform various services, for example transcription or billing, for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your *PHI*, we will have a written contract that contains terms that will protect the privacy of your *PHI*.

In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name, indicate your physician, the time of your appointment, and the time of arrival. We may call you by name in the waiting room when your physician is ready to see you. We may also mail to you or call you with appointment reminders, and we may contact you to provide you with information containing treatment recommendations or alternatives.

In order to safeguard your *PHI* when contacting you by phone or when you contact us, we may require that you give us the last four digits of your social security number and your date of birth; such information will enable us to verify that we are speaking to you and that we are giving accurate information to you since several of our patients have the same names. Moreover, when picking up prescription(s), we may require identification, such as a driver's license, to ensure the prescription is being given to the appropriate person.

B. Use And Disclosures Without Your Consent, Authorization Or Opportunity To Object

The Center may use and disclose your *PHI* in the following ways without your consent, authorization or opportunity to object: As required by law; for authorized public health activities; to report suspected abuse, neglect or domestic violence with respect to children or adults; for health oversight activities; judicial and administrative proceedings (ex. lawsuits); for law enforcement purposes; as required by coroners, medical examiners, funeral directors or to facilitate your organ donation wishes; for research purposes; to avert serious threats to health and/or safety; for specialized government functions including military and veteran activities and Armed Forces personnel; and to comply with workers' compensation laws or other similar legally-established programs.

Under the law, we also must make disclosures to you when requested and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

C. Use And Disclosures With An Opportunity For You To Agree or To Object

The Center may use and disclose your *PHI* in the following instances without your written consent or authorization. You have the opportunity to agree or object to the use or disclosure of all or part of your *PHI*. If you are not present or able to agree or object to the use or disclosure of the *PHI*, then your physician or his staff may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the *PHI* that is relevant to your health care will be disclosed.

Facility Directories: Unless you object, we will use and disclose your name, the location you are receiving care, and your condition (in general terms). All of this information will be disclosed to people who ask for you by name. We may use or disclose your *PHI* in our facility directory in an emergency treatment situation where giving you an opportunity to object is practically impossible due to your incapacity. If this happens, we will try to obtain your consent as soon as reasonably practicable.

Other Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your *PHI* directly relevant to that person's involvement in your health care or payment related to your health care. In order to ensure that we note your agreement and comply with your agreement to disclose your *PHI* to other individuals you identify, The Center will require you to fill out a consent form noting that agreement and we may require identification from the person listed to ensure compliance with your consent. If, however, you are unable to agree and fill out a consent form or to object, then we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. As discussed above, we may also use and disclose your *PHI* to notify or assist in notifying a family member or another person responsible for your care of your location and general condition. Finally, we may use and disclose your *PHI* to a public or private entity authorized by law to assist in disaster relief efforts.

II. YOUR RIGHTS RESPECTING YOUR PHI

Restriction of your PHI: You have the right to request, using the required written form, that the use and disclosure of your *PHI* for treatment, payment, or health care operations be restricted. You may also request that any part of your *PHI* not be disclosed to family members or friends who may be involved in your care or for notification purposes. This office maintains the right to refuse such restriction if we believe it is in the best interest of your treatment or care to refuse. If we do agree to the restrictions, however, we are bound by those restrictions, unless you revoke your request or unless we are otherwise required by law or by emergency in our best professional judgment to disclose the *PHI* restricted.

Confidential Communications: You have the right to request, using the required written form, to receive confidential communications from us by alternative means or at an alternative location. For instance, you may ask that we contact you by mail, rather than by telephone, or at work, rather than at home.

Inspect and Copy: You have the right to inspect and copy your *PHI*. To make such request, you must fill out the required written form, and after your first copy of such records, you may be assessed a copying charge at the rate allowed by law. We may deny your request to inspect and/or in certain limited circumstances. Under federal law, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and health information that is subject to law that prohibits access to protected health information. You may request a review of our denial.

Amendments: You may have the right, using the required written form, to have your physician amend your *PHI*. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Accounting: You have the right, using the required written form, to receive an accounting of certain disclosures we have made, if any, of your *PHI* for purposes other than treatment, payment or health care

operations. It excludes disclosures we may have made to you, for a facility directory, to family member and friends involved in your care, or for notification purposes. All requests for an accounting of disclosures must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first request within a 12-month period is free of charge, but we may charge you for additional requests within the same 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

Paper Copy of This Notice: You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.

Right to Provide an Authorization for Other Uses and Disclosures: We will obtain a written authorization for uses or disclosures not identified by this notice or not permitted by applicable law. You have the right to revoke any authorization you provide to us regarding the use and disclosure of your medical information at any time. Your revocation must be in writing. Upon receipt of your written revocation, we will no longer use or disclose your medical information for the reasons described in the authorization. Of course, we are unable to take back any disclosures we have already made with your permission. Please also note that we are required to retain records of your care.

File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with The Center or with the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. To file a complaint with our organization, contact the Compliance Officer at The Center. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

III. OUR RIGHTS, DUTIES AND RESPONSIBILITIES

We are required by law to maintain the privacy of your *PHI* and to provide you with notice of our privacy practices and legal duties. We are required to follow the practices and abide by the notice in effect at the given time.

We maintain the right to revise, change or amend our privacy practices and notice, as needed, to better protect your PHI. Any revisions or changes to our policies or notice will be available upon request and in the lobby of The Center.

IV. CONTACT INFORMATION

If you would like further information regarding this notice or our privacy practices in general, please contact:

Judith Hamblin
Compliance Officer
2201 Regency Rd
Lexington, KY 40503
(859) 278-1316 ext. 284