

25495 Medical Center Dr.  
Suite 102  
Murrieta, CA 92562  
Tel. (951) 506-9536

**Temecula Pain Management Group**  
**paintemgroup.com**

## PROTECTED HEALTHCARE INFORMATION

Information about your health is private and it should remain private. That is why Temecula Pain Management Group is required by federal and state law to protect the privacy of your health information. We call it, “Protected Health Information” (PHI). Physicians in this pain management center must follow legal regulations with respect to: (1) how we use your PHI, (2) disclosing your PHI to others, (3) your privacy rights, (4) our privacy duties and (5) physician contacts for more information or, if necessary, a complaint.

## USING OR DISCLOSING YOUR PHI

**FOR TREATMENT:** During the course of your treatment, we use and disclose your PHI. For example, when we order a blood test or x-ray we may share your PHI with the x-ray/MRI department or laboratory. Or, we may order medicine and share your PHI with staff employees, such as nurses. We may have to call your primary doctor and share your PHI when we arrange admission or outpatient follow-up care.

**FOR PAYMENT:** After providing treatment, we will ask your insurer to pay us. Some of your PHI may be entered into our computers in order to send a claim to your insurer. This may include a description of your health problem, the treatment we provided and your membership number in your employer’s health plan. Or, your insurer may want to review your medical record to determine whether your care was necessary. Also, we may disclose to a collection agency some of your PHI for collecting a bill that you have not paid.

**SPECIAL USES:** Your relationship to us as a patient might require using or disclosing your PHI in order to: (1) Call you to check on your condition, ask you to return to our office or recommend follow-up with your primary physician or (2) tell you about treatment alternatives and options.

**YOUR AUTHORIZATION MAY BE REQUIRED:** In many cases, we may use or disclose your PHI, as summarized above, for treatment, payment or healthcare operations or as required or permitted by law. In other cases, we must ask for your written authorization with specific instructions and limits on our use or disclosure of your PHI. You may revoke your authorization if you change your mind later.

## CERTAIN USES AND DISCLOSURES OF YOUR PHI REQUIRED OR PERMITTED BY LAW.

As a medical group, we must abide by many laws and regulations that either require us or permit us to use or disclose your PHI. If you do not verbally object, we may share some of your PHI with a family member or friend involved in your care. We may use your PHI in an emergency when you are not able to express yourself. We may use or disclose your PHI for research if we receive certain assurances which protect your privacy. We may also use or disclose your PHI: (1) When required by law, for example when ordered by a

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court, (2) for public health activities including reporting a communicable disease or adverse drug reaction to the Food and Drug Administration, (3) to report neglect, abuse or domestic violence, (4) to government regulators of agents to determine compliance with applicable rules and regulations, (5) in judicial or administrative proceedings as in response to a valid subpoena, (6) to a coroner for purposes of identifying a deceased person or determining cause of death, or to a funeral director for making funeral arrangements, (7) for purposes of research when a research oversight committee called and institutional review board, has determined that there is a minimal risk to the privacy of your PHI, (8) for creating special types of health information that eliminates all legally required identifying information or information that would directly identify the subject of the information, (9) In accordance with the legal requirements of a workers compensation program, (10) when properly requested by law enforcement officials, for instance, in reporting gun shot wounds, reporting a suspicious death or for other legal requirements, (11) if we reasonably believe that use or disclosure will avert a health hazard or to respond t a threat to public safety including an imminent crime against another person, (12) for national security purposes including to the Secret Service or if you are Armed Forces personnel and it is deemed necessary by appropriate military command authorities, (13) in connection with certain types of organ donor programs.

## **YOU'RE PRIVACY RIGHTS AND HOW TO EXERCISE THEM**

Under the federally required privacy program, patients have specific rights.

**Your Right to Request Limited Use or Disclosure:** You have the right to request that we do not use or disclose your PHI I a particular way. However, we are not required to abide by your request. If we do agree to your request, we must abide by the agreement.

**Your Right to Confidential Communication:** You have the right to receive confidential communication from Temecula Pain Management Group to a location that you provide. Your request must be in writing, provide us with the other address and explain if the request will interfere with your method of payment.

**Your Right to Revoke Your Authorization:** You ma revoke, in writing, the authorization you granted us for use or disclosure of your PHI. However, if we have relied on your consent or authorization, we may use or disclosure your PHI up to the time you revoke your consent.

**Your Right to Inspect and Copy:** You have the right to inspect and copy your PHI. We may refuse to give you access to your PHI if we think it may cause you harm, but we must explain why and provide you with someone to contact for a review of our refusal.

**Your Right to Amend Your PHI:** If you disagree with your PHI within our records, you have the right to request, in writing, that we amend your PHI when it is a record that we created or have maintained for us. We may refuse to make the amendment and you have a right to disagree in writing. If we still disagree, we may prepare a counter-statement. Your statement and our counter-statement must be made part of our record about you.

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**Your Right to Know Who Else Sees your PHI:** You have the right to request an accounting of certain disclosures we have made of your PHI over the past six years. Requests must be made after April 14, 2003. We are not required to account for all disclosures, including those made to you, authorized by you or those involving treatment, payment and healthcare operations as described above. There is no charge for an annual accounting, but there may be charges for additional accountings. We will inform you if there is a charge and you have the right to withdraw your request, or pay to proceed.

**What if I have a complaint?** If you believe that your privacy has been violated, you may file a complaint with us or with the Secretary of Health and Human Services in Washington, D.C. We will not retaliate or penalize you for filing a complaint with the group or the Secretary. To file a complaint with us, please call (951) 506-9536 and ask for the Administrator of Temecula Pain Management Group. Your complaint should provide specific details to help us in investigating a potential problem. To file a complaint with the Secretary of Health and Human Services, write to: 200 Independence Avenue, SE, Washington, D.C. 200201 or call (877) 696-6775.

#### **SOME OF OUR PRIVACY OBLIGATIONS AND HOW WE FULFILL THEM**

Federal health information privacy rules require us to give you notice of our privacy practices. This document is our notice. We will abide by the privacy practices set forth in this. However, we reserve the right to change our notice of privacy practices we will provide our revised notice to you when you next seek treatment from us.

**Compliance with Certain State Laws:** When we use or disclose your PHI as described in this notice or when you exercise certain of your rights set forth in this notice or when you exercise certain of your rights set forth in this notice, we may apply state laws about the confidentiality of health information in place of federal privacy regulations. We do this when these state laws provide you with greater rights or protection for you PHI. For example, some state laws dealing with mental health records may require your express consent before your PHI could be disclosed in repose to a subpoena. Another state law prohibits us from disclosing a copy of your record to you until you have been discharged. When state laws are not in conflict or if these laws do not offer you better rights of more protection, we will continue to protect your privacy by applying the federal regulations.

This notice takes effect on April 14, 2003.

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**ACKNOWLEDGMENT FORM**

**I HAVE RECEIVED THE NOTICE OF PRIVACY PRACTICES AND I HAVE BEEN PROVIDED AN OPPURTUNITY TO REVIEW IT.**

**NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_