



PAN AMERICAN PAIN INSTITUTE, P.L.

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HIPAA NOTICE OF PRIVACY PRACTICES

This is your Notice of Privacy Practices from Pan American Pain Institute, PL. The Notice refers to Pan American by using the terms "us," "we," or "our,"

We are required by law to maintain the privacy of Personal Health Information (PHI) and to issue you this notice and to abide by its terms, but we may change the terms of our notice at any time, New notices will be effective for all PHI maintained at that time. Within 45 days of any changes we will provide you with a copy of the revised notice. You may call 813-908-7868 to request that a revised copy be sent to you by mail.

This notice describes how we protect the PHI we have about you that relates to your medical information that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services.

This notice describes how we may use and disclose to others your PHI to carry out payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your right to access and control of your PHI.

How can we use and disclose PHI about you?

We use and disclose your PHI to process and review your requests for coverage and payments for benefits or in connection with other health benefits or services in which you are interested.

- For **Treatment**. We may use and disclose PHI to treat you or to assist others in your treatment, such as other physicians, laboratories, or medical equipment suppliers. Also, we may disclose PHI to discuss or recommend treatment options or alternatives.
- For **Healthcare Operation**. We may use and disclose PHI for health plan and insurance operations, to make insurance claims, to evaluate Provider performance, or to train new non-physician employees for your treatment. We may also disclose PHI for medical review, legal services, auditing, including fraud and abuse detection, and compliance programs. Additionally we may disclose PHI for business management, cost management, and general administrative activities.
- For **Other Purposes where the Law Requires Disclosure of PHI without your Authorization**. We must disclose your PHI to you upon your request. We must disclose PHI, upon request, to the Secretary of the US Dept of Health and Human Services and the Fla. Department of Health for any investigations or compliance audits.
- For **Other Purposes whether the Law Permits Use or Disclosure without your Authorization**. To another healthcare provider, healthcare clearinghouse, or health plan for the payment activities of the entity that receives the PHI. OR To another healthcare provider, healthcare clearinghouse, or health plan for the payment activities of the entity that receives the PHI if (1) each entity has now or has had a relationship with you, (2) the PHI pertains to such relationship,

and (3) the disclosure is for: quality assessments and improvements, reviewing the qualifications for healthcare professionals, evaluating provider performance, evaluating health plan performance, training programs, accreditation, certification, licensing, credentialing, or healthcare fraud abuse and detection, or compliance OR disclose PHI incident to any allowable use or disclosure if we have complied with the minimum necessary requirements and have in place the appropriate administrative, technical, and physical safeguards to protect the privacy of the PHI. OR we may disclose if required to do so by law, such as notifying public health agencies about certain infectious diseases; to report abuse or domestic violence; to a coroner/medical examiner to assist in identifying a deceased person or to determine cause of death upon proper notice and request; or for worker's compensation programs

- **Court Orders, Subpoenas, Warrants, Summonses.** We may disclose to law enforcement upon proper requests, or to federal officials for national security or military activities as required by law. A proper court order to disclose your PHI: we will disclose the minimum necessary PHI to comply with said Order. A legal discovery request for your PHI we will disclose the minimum necessary to comply after giving you notice of the request.
- **Organ Donor Organizations.** Disclosure of PHI will be as necessary to facilitate organ or tissue donation and transplantation.
- **To Prevent Serious Threat to Your Health or Safety or that of another or the public.** This includes disclosure to disaster relief agencies as necessary in specific danger situations.
- **To Business Associates.** For legal, administrative, actuarial, accounting, consulting, data services. We will have a written contract to protect your PHI with said entities.
- **Other Uses and Disclosures.** Any other use or disclosure will be made only with your written authorization or that of your legal representative. You may revoke any such authorization given, in writing, at any time, except to the extent that we have taken action relying on your authorization or if the authorization was obtained as a condition of obtaining our services. We cannot take back disclosures made pursuant to your written authorizations
 - The following uses and disclosures of your Protected Health Information will be made only with your written authorization:
 - 1. Uses and disclosures of Protected Health Information for marketing purposes: and
 - 2. Disclosures that constitute a sale of your Protected Health Information.

Your Rights Regarding PHI we Maintain About YOU and how you may exercise these rights.

- **Request for Restrictions on Certain Uses and Disclosures of PHI.** You may request that we restrict use or disclosure of information to carry out treatment, payment, or healthcare operations. Restrict use or disclosure to any person you identify for involvement in your care and for notification purposes regarding your location, general condition, or death.
- WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST FOR A RESTRICTION ON USES OR DISCLOSURES OF YOUR PHI TO CARRY OUT TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS.
- If we agree to a restriction as requested then we may not disclose in violation of the restriction. However, if you need emergency treatment and PHI is needed to provide the emergency treatment, we may disclose to a healthcare provider so that you may receive necessary treatment, but only for said limited use.
- Restrictions do not prevent use or disclosure to the US Dept. of Health and Human Services as required to investigate compliance with HIPAA; required by law, including to report

domestic violence or abuse; pursuant to judicial orders; to avert a serious threat to health or safety; or for workers' compensation.

- We may terminate a restriction if: you agree to the termination in writing; or you orally agree to terminate and that is documented by us in your file; or we inform you that we are terminating our agreement to a restriction with respect to any NEW PHI created or received after we have given you notice of the termination of the restriction

Your Right to Receive Confidential Communications of PHI.

- We will accommodate reasonable requests for receiving communications on PHI by us, via alternative means or locations if you inform us clearly, in writing, that such disclosure could endanger you.
- Confidential Communication requests must be in writing and must state where or how you wish to be contacted.
- You do not need to explain the specific reasons why you are requesting confidential

Your Right to Inspect and Copy PHI

- Except as provided below, you have the right to access and inspect and receive a copy of your PHI that we maintain in our records so long as it is maintained [7 years in Florida], except for information prepared in reasonable anticipation of or for use in a civil, criminal, or administrative action or proceeding. ALL REQUESTS MUST BE IN WRITING.
- We may deny you access to PHI without providing you an opportunity for review if: the PHI is not something to which you have a right to access; if denial to access is pursuant to federal law; or if the PHI was obtained from someone other than a healthcare provider under a promise of confidentiality and the access you requested would likely reveal the source of the information.
- We may deny you access, but you have a right to review such denials, if: a licensed healthcare professional determines access is reasonably likely to endanger the life or physical safety of you or another person; OR the PHI makes reference to another person, and a licensed healthcare professional determines the access is reasonably likely to cause substantial harm to such other person; OR the request is made by your personal representative and a licensed healthcare professional determines the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person.
- If we deny you access but such denial is reviewable, you have the right to have the denial reviewed by a licensed healthcare professional we designate to act as reviewing official and did not participate in the original decision to deny access. We will provide written notice to you or your personal representative of the determination and carry out the determination.
- Requests for access to PHI: within 60 days if the info is not maintained by us or is not accessible on site [grant or deny your request in writing, within 30 days if it is maintained by us or accessible on site [grant or deny request in writing].
- Access: either in the form you request, for a reasonable cost-based fee for copies and format, in a hard copy form, in a USB drive, or CD. We may provide you with a summary in lieu of access if you agree in advance to such a summary. We may mail a copy of the PHI at your request or schedule an appointment to receive the requested PHI at our facility.

- Denial of Access: this will be limited as reasonably necessary to exclude denied information, after timely written denial. If we are not the record keepers of denied information, we will inform you where to direct your request for access.

Right to Amend PHI we maintain about you

- You have the right to request that we amend PHI about you in our records for those records we maintain (7 years in Fla.)
- We may deny your request for amendment of PHI if we determine the PHI was: 1) not created by us, 2) is not part of our records, 3) would not be available to you for inspection, OR 4) is accurate and complete.
- Such requests to amend must be in writing. We will act on your request within 60 days after receiving your request by either 1) amending, OR 2) denying the amendment with a written denial notice.
- If we are notified by another healthcare provider, healthcare clearinghouse, or health plan that your PHI has been amended, we will amend our records accordingly. Examples: your name changed by marriage, your gender has been officially reassigned.

Right to Accounting of Our Disclosures of Your PHI

- You have the right to receive an accounting of disclosures of PHI made by us in the 7 years before your request for the accounting.
- The following disclosures are NOT required to be listed in the accounting:
 - For payment
 - For healthcare operations
 - For treatment by a healthcare provider
 - To a healthcare provider, clearinghouse, or health plan for payment to the entity receiving the information.
 - To a healthcare provider, clearinghouse, or health plan if they have or have had a relationship with you and the PHI pertains to said relationship, and the disclosure is for certain limited purposes.
 - Disclosures made to you.
 - Disclosures made incident to a use or disclosure otherwise permitted or required by HIPAA,
 - Disclosures made pursuant to your authorization.
 - Disclosures made pursuant to HIPAA regarding disclosures made to persons involved in your care.
 - Disclosures made for national security or intelligence purposes to federal officials for lawful and lawfully requested activities.
 - Disclosures to law enforcement officials who have lawful custody of your pursuant to appropriate subpoenas, warrants, or court orders.
 - Disclosures prior to April 14, 2003.
- Under some circumstances we may be required by law enforcement or health oversight agencies to suspend your right to receive an accounting.
- We will provide you with the accounting within 60 days of receiving your request.
- We will make a reasonable cost based charge for said accounting, and give you notice of the fee charged prior to the accounting in the event you wish to withdraw your request.

Your Right to File a Complaint

If you think that there has been an unauthorized disclosure of your PHI by our office you have a right to file a complaint with us or with the Secretary of the US Dept. of Health and Human Services. To file a complaint with us, please contact:

Natalia Ouellette, Esq. Compliance Officer, Pan American Pain Institute, PL 16542 N. Dale Mabry Hwy. Tampa, FL 33618 All complaints must be in writing.

This notice is effective since September 23, 2013.

Hitech Act and HIPAA Final Rule:

You have the right to be notified of electronic data breaches, and may request a copy of your electronic medical records in electronic form.

If you pay in cash in full out of pocket for your treatment, you can instruct us to not share information about your treatment with your health plan.

Updated: 01/01/2018