

Our Legal Duty

Important: 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.

Maryland Pain Specialists is required by law to protect certain aspects of your healthcare information known as **Protected Health Information or PHI** and to provide you with this Notice of Privacy Practices.

This Notice describes our privacy practices, your legal rights, and lets you know how Maryland Pain Specialists is permitted to

- Use and disclose PHI about you
- How you can access and copy that information
- How you may request amendment of that information
- How you may request restrictions on our use and disclosure of your PHI

In most situations we may use this information described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

It is also our responsibility to notify you following any breach of your unsecured PHI.

Use and Disclosure of Your Medical Information

The following section describes ways in which Maryland Pain Specialists will disclose medical information. Not every use or disclosure will be listed. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

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 students or other people who are taking care of you. We may also share medical information about you to your healthcare providers to assist them in treating you.

For Payment:

We may use and disclose your medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.

For Health Care Operations:

We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses, and credentials we need to serve you.

Additional Uses and Disclosures:

In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes:

Facility Directory: Unless you notify us that you object, the following medical information about you will be placed in our facility directories: your name, your location in our facility, and your condition described in general terms.

Notification: We may use and disclose medical information to notify or help notify: a family member, your personal representative or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will obtain your permission, if possible, or give you the opportunity to refuse permission before we share. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

Disaster Relief: We may share medical information with a public or private organization or person who can legally assist in disaster relief efforts.

Research in Limited Circumstances: We may use medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

Funeral Director, Coroner, Medical Examiner: To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

Court Orders and Judicial and Administrative Proceedings: We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Public Health Activities: As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect, or Domestic Violence: We may use and disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health

or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

Workers Compensation: We may disclose health information when authorized or necessary to comply with laws relating to workers compensation or other similar programs.

Health Oversight Activities: We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

Law Enforcement: Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

Appointment Reminders: We may use and disclose medical information for purposes of sending your appointment postcards, or otherwise reminding you of your appointment.

Alternative and Additional Medical Services: We may use and disclose medical information to furnish you with information about health-related benefits and services that may be of interest to you, and to describe or recommend treatment alternatives.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

We may make other uses and disclosures of your PHI not covered by this Notice. Unless otherwise permitted or required by law, these uses and disclosures will be made only with your written authorization. Such uses and disclosure requiring patient authorization include the following:

Marketing: We must obtain your authorization prior to using or disclosing your PHI to make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service, except as otherwise described in this Notice or as permitted by law.

Sale of PHI: We must obtain your authorization prior to engaging in any activities that constitute a sale of PHI not permitted under HIPAA.

Psychotherapy: Most uses and disclosure of your psychotherapy notes will require your written authorization, except as otherwise described in this Notice or as permitted by law. If you give authorization for MPS to use or disclose your PHI, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose PHI as had been permitted by your written authorization. However, we are unable to take back any disclosures we have already made in accordance with your authorization.

Business Associates: We may also disclose your PHI to third party "business associates" that perform various activities (e.g., billing, insurance, accounting and medical transcription services) for or

on behalf of MPS. Other examples include physician services in the emergency department and radiology, performance of certain laboratory tests, as well as a copy service we use to make duplicate copies of your health record. Our business associates may use, disclose, create, receive, transmit or maintain PHI during the course of providing services to us. Like MPS, business associates are required under HIPAA to protect your PHI. Nevertheless, we will also have a written agreement in place with business associates governing their use and/or disclosure and the measures it must take to protect the privacy of your PHI.

Preemption of Maryland Law: The federal health care Privacy Regulations generally do not "preempt" (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, or other federal laws that are more stringent than HIPAA, we may be required to operate under the applicable privacy standard.

Your Individual Rights

You Have a Right to:

1. Look at or get copies of certain parts of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may ask the receptionist for the form needed to request access. There may be charges for copying and for postage if you want the copies mailed to you. Ask the receptionist about our fee structure.
2. Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
3. Restrict disclosure of PHI to health plan if (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (2) the PHI pertains solely to a health care item or service for which the individual has paid the Covered Entity in full.
4. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
5. Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to our Privacy Officer.
6. Request that we change certain parts of your medical information. We may deny your request if we did not create the information you want or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

7. Receive notice of any breach (i.e. the unauthorized use or disclosure of your unsecured PHI as defined under HIPAA).
8. If you wish to receive a paper copy of this privacy notice, then you have the right to obtain a paper copy by making a request in writing to the Privacy Officer.

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MARYLANDPAIN
SPECIALISTS

PROVEN SOLUTIONS TO MANAGE PAIN

AN AFFILIATE OF THE
UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL GROUP

We Care About Your Privacy

MARYLAND PAIN SPECIALISTS

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Our Pledge Regarding Medical Information

The privacy of your medical information is important to us. We respect your privacy and treat all healthcare information about our patients with care under strict policies of confidentiality that all of our staff are committed to following. This Notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

Questions and Complaints

You have the right to complain to us or to the Secretary of the United States Dept. of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint with us or to the government.

Should you have any questions or complaints you may direct all inquiries to the Privacy Officer.