



2029 Hickory Tree Road, St. Cloud, FL 34772

Tel. (407) 906-1328 | Fax (407) 593-8452

palmtreepain.com

PALM TREE INTERVENTIONAL PAIN MANAGEMENT NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PALM TREE INTERVENTIONAL PAIN MANAGEMENT MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

Palm Tree Interventional Pain Management is dedicated to maintaining the privacy of your protected health information (PHI). In the course of treating you, we will create records of the treatment and services we provide for you. We are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations promulgated thereto maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and our privacy practices.

The terms of this Notice apply to all records containing your PHI that we created or retain in our practice. We reserve the rights to revise or amend this Notice of Privacy Practices. Any revision or amendment to this Notice will be effective for all your records created or maintained by this office. This Notice will be posted in a visible location in the office at all times, and you may request a copy of our most current Notice at any time.

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER, Dr. Jason Song.

I. GENERALLY, WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

The following categories describe ways in which we may use and disclose your PHI:

1. **Treatment.** Our practice may use your PHI to treat you. We may ask you to have diagnostic studies (such as MRI or X-ray), and we will use the results of these tests to help us reach a diagnosis. We may use your PHI in order to write a prescription for you, or we may disclose your PHI to a pharmacy when we order a prescription for you. We request your cooperation with the following procedures in order to help us protect the privacy of your PHI.
 - a. Appointment. In order to protect your PHI, appointments, cancellations, and rescheduling cannot be made with after office hours. All calls of this nature must be made during office hours between 8 am to 5 pm and must be made directly with practice personnel.
 - b. Appointment reminders. Our practice may use and disclose your PHI to contact you and remind you of an appointment either by mail or phone, including leaving messages on your designated answering machine or voice mail or text.
 - c. Test Results. Normally, test results will not be communicated to the patient over the phone. These results will typically be discussed in the office. Should you desire to have results mailed to your home or any other desired location, a specific request must be submitted in writing.
 - d. Prescriptions. Prescription requests must be made during office hours only (8 am to 5 pm).
2. **Payment.** Our practice may use and disclose your PHI in order to bill and collect payments for the services and items that we provide. We may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with detail regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for such costs. Also, we may use your PHI to bill you directly for services and items



2029 Hickory Tree Road, St. Cloud, FL 34772

Tel. (407) 906-1328 | Fax (407) 593-8452

palmtreepain.com

3. **Health Care Organization.** Our practice may use and disclose your PHI to operate our business operations. These uses and disclosures are necessary to monitor the quality of care that we provide. Our practice may use your PHI to evaluate Palm Tree Interventional Pain Management's services, including the performance of our staff.
4. **Appointments.** In order to protect your PHI, appointments, cancellations, and rescheduling cannot be made with the answering service. All calls of this nature must be made during office hours between 8:00 AM TO 5:00PM and must be made directly with practice personnel.

II. WE MAY ALSO USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN CERTAIN SPECIFIC CIRCUMSTANCES

The following categories describe specific scenarios in which we may use or disclose your PHI:

1. **Individuals involved I care or payment for care.** We may disclose your protected health information to someone involved in your care or payment for your care, such as a spouse, a family member, or close friend. For example, if you have surgery, we may discuss your physical imitations with a family member assisting in your post-operative care.
2. **Notification purposes.** We may use and disclose your protected health information to notify, or to assist in the notification of, a family member, a personal representative, or another person responsible for your care, regarding your location, general condition or death. For example, if you are hospitalized, we may notify a family member of the hospital and your general condition. In addition, we may disclose your PHI to a disaster relief entity, such as the Red Cross, so that it can notify a family member, a personal representative, or another person involved in your care regarding your location, general condition, or death.
3. **Required by law.** Our practice may be required to disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse or neglect
 - Preventing or controlling disease, injury or disability
 - Notifying certain government agencies about the diagnoses of certain conditions that create a public risk
 - Reporting reactions to drugs or problems with products or devices
 - Notifying individuals if a product or device they may be using has been recalled
 - Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
4. **Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures and actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
5. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order, I you are involved in a lawsuit or similar proceeding. We may also disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
6. **Law Enforcement.** We may release your PHI if asked to do so by a law enforcement official:
 - Regarding a crime victim in certain situations

- Concerning a death we believe has resulted from criminal conduct
 - Regarding criminal conduct at our offices
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify/locate a suspect, material witness, fugitive or missing person
 - In an emergency, to report a crime (including the location or victim(s) of a crime, or the description, identity or location of the perpetrator).
7. **Deceased Patients.** Our practice may release your PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we may also release information in order for funeral directors to perform their jobs. We may also release your PHI to a family member, other relative, or close personal friend who was involved in your care or payment for your care prior to your death.
 8. **Organ and Tissue Donation.** Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation bands, as necessary to facilitate organ or tissue donation or transplantation if you are an organ donor.
 9. **Research.** Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your PHI is being used only for the research; and (iii) the researcher will not remove any of your PHI from our practice; or (c) the PHI sought by the researcher relates only to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access of PHI of the decedents.
 10. **Serious Threats to Health or Safety.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
 11. **Military.** Our practice may disclose your PHI if you are a member of U.S. or foreign military force (including veterans) and if required by the appropriate authorities.
 12. **National Security.** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
 13. **Inmates.** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
 14. **Worker's Compensation.** Our practice may release your PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation and similar programs.
 15. **Business Associates.** Certain functions of our practice are performed by a business associate, such as an electronic health records vendor, an accounting firm, or a law firm. We may disclose PHI to our business associates for purposes of carrying out their functions on behalf of the practice.



III. WHEN YOU MUST PROVIDE US WITH A WRITTEN AUTHORIZATION TO USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

You must provide us with a written authorization to use or disclose your PHI in the following circumstances:

1. Most uses and disclosures of psychotherapy notes
2. Uses and disclosures of PHI for marketing purposes
3. Disclosures that constitute a sale of PHI

Other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization, at any time, in writing, except to the extent that the practice has taken an action in reliance on the use or disclosure indicated in the authorization.

IV. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you

1. **Confidential Communications.** You have the right to request that our practice to communicate with you about your health and related issues in a manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request to the Privacy Officer, Dr. Jason Song, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate all reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI only to certain individuals involved in your care or for the payment of our care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction on our use of disclosure of your PHI, you must make your request in writing to the Privacy Officer, Dr. Jason Song. Your request must describe in a clear and concise fashion in the following items:
 - a. The information you wish restricted;
 - b. Whether you are requesting to limit our practice's use, disclosure or both: and
 - c. To whom you may want the limits apply
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Privacy Officer, Dr. Jason Song, in order to inspect and/or obtain a copy of your PHI. If we maintain the requested PHI electronically and you request an electronic copy, we will provide you with a copy in the electronic form and format you request, if the Phi is readily producible in such form or format. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with you request. Our practice may deny your request to inspect and/or copy n certain limited circumstances; however, you may request a review of our denial and another license health care professional chosen by us will conduct reviews.
4. **Amendment.** You may ask us to amend your health information f you believe it is incorrect or incomplete, and you may request an amendment as long as the information is kept for our practice. To request an amendment, your request must be made in writing and submitted to the Privacy Officer, Dr. Jason Song. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion; (ab) accurate and complete; (b) not part of the PHI kept by or for the practice; (co not part of the PHI which you would be permitted to inspect and copy; (d) not created by or practice, unless the individual or entity that created the information is not available to amend the information.



2029 Hickory Tree Road, St. Cloud, FL 34772
Tel. (407) 906-1328 | Fax (407) 593-8452
palmtreepain.com

5. **Accounting of Disclosures.** All of our patients have the right to request an “accounting of disclosures”. An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claims. In order to obtain an “accounting of disclosure”, you must submit your request in writing to the Privacy Officer, Dr. Jason Song. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional request and you may withdraw your request before you incur any cost.
6. **Right to a 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 given time. To obtain a paper copy of this Notice, contact the Privacy Officer, Dr. Jason Song.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the Privacy Officer, Dr. Jason Song. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**
8. **Right to Notification of Breach of Your PHI.** You have the right to receive timely written notification of a breach of your “unsecured” PHI. Generally, paper records that have not been shredded are considered to be “unsecured”. Electronic records that are to electronically encrypted are also generally considered to be “unsecured”. A breach is generally defined as any disclosure of unsecured PHI not permitted under HIPAA and the regulations promulgated thereto

Again, if you have any questions regarding this Notice or our health information privacy policies, please contact the Privacy Officer, Dr. Jason Song.