



Murphy Pain Center

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

We are committed to protecting medical, billing and other information about you. We create a record of the care and services you receive at or by Murphy Pain Center. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice will tell you about the ways in which we use and disclose information about you. It also describes your rights and our duties regarding the use and disclosure of your information. We reserve the right to change this Notice and make the revised or changed Notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice. We are required by law to maintain the privacy of medical information that identifies you, give you this Notice of our legal duties and privacy practices, and follow the terms of our most current Privacy Notice.

Use & Disclosure of Information About You: The following categories describe different ways that we are permitted to use & disclose medical information. These examples are not exhaustive.

For Treatment. We may use your medical information to provide, coordinate, or manage your health care. We may disclose your medical information to employees, students, volunteers, physicians, other health care providers, and other individuals who are involved in providing treatment to you.

For Payment. We may use & disclose information about you so that the treatment and services you receive may be billed & payment may be collected from you, an insurance company or a third party.

For Health Care Operations. We may use & and disclose your information about you for health care operations. These uses & disclosures are necessary to provide quality health care and to support the daily activities related to health care. These activities include but are not limited to investigations, oversight or staff performance reviews, conducting or arranging for other health related activities, underwriting & other insurance-related activities, business planning or development, & internal grievance resolution.

Appointment Reminders. We may use & disclose your information to remind you of an appointment with us.

Business Associates. We may use & disclose your information with third party "business associates" that perform various activities, such as, transcription services.

As Required By Law. We will disclose your personal health information when required or authorized by law.

To Avert a Serious Threat to Health or Safety. We may use & disclose information about you when necessary to prevent a serious threat to your health & safety or the health & safety of the public or another person. Such disclosure would be to the target of the threat or to someone able to help prevent the threat.

Your Rights Regarding Information About You:

Right of Access. You have the right to inspect & obtain a copy of information that we maintain about you. We may deny your request to inspect or obtain a copy in certain limited circumstances. If you are denied access to information, you may request that the denial be reviewed in certain circumstances.

Right to Amend. If you feel that information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must submit a written request, along with a reason that supports your request. We may deny your request if you ask us to amend information that was not created by us, is not part of the information that you would be permitted to inspect & copy; or is already accurate & complete as originally stated.

Right to Receive an Accounting. You have the right to request an accounting of certain disclosures made by us. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes.

Right to Request Restrictions. You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the information we disclose to someone who is involved in your care, like a family member or friend. Your request must be in writing, must state the specific restriction requested & to whom the restriction you want to apply. We will comply with your request unless the information is needed for emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You must make your request in writing.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice .

Other Uses of Medical Information:

Other uses & disclosures of information not covered by this Notice or the laws that apply to us will be made only with your signing an authorization form.

If you have any questions about this Notice of Privacy Practices, you may contact our Privacy Officer at 502-736-2901. If you believe your privacy rights have been violated, you may contact the Department of Health & Human Services. You will not be penalized for filing a complaint.

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