

NOTICE OF PRIVACY RIGHT AND PRACTICES

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

In the course of providing care to you, we collect protected health information, "PHI". PHI is medical, financial, or demographic information that contains identifiers, such as your name or Social Security number, that reveals who you are. We are required by law to maintain the privacy of PHI, and to provide our patients with this notice detailing our legal duties and privacy practices with respect to PHI.

Protected health care information may be used and disclosed without your consent for purposes of treatment, payment, healthcare operations, and certain other specific reasons detailed below.

Treatment is the provision, coordination, or management of your care. We may disclose PHI for this purpose to other providers involved in your care including physicians, laboratories, hospitals, or other allied healthcare providers. For example, if we recommend a consultation with another physician we may send that physician pertinent records from your office chart to facilitate the consultation.

Payment refers to activities related to obtaining reimbursement for services rendered including eligibility and coverage determinations, billing, claims management, and utilization review. An example would be when we send a specimen of yours to an outside laboratory; we may also send them a copy of your insurance card. When disclosing or using PHI for payment purposes we will only disclose or use the minimum amount of information necessary for payment.

Healthcare Operations refers to a broad range of activities including quality assessment, education and training of patients and healthcare professionals, contracting for health services, medical review, legal services, auditing, business planning, and business management or administration. PHI may be disclosed without your authorization for healthcare operations only if both parties have an established relationship with you. An example of this type of disclosure would be reporting any surgical wound infections to a hospital for quality review purposes.

Specific other reasons we may disclose PHI include: when it is required by law enforcement, the FDA, or a court, for public health reasons required by law; to business associate of ours (such as a billing service) that have agreed to keep your information private, for notification of family members involved in your care; for Worker's Compensation claims, and to meet our obligations under State and Federal Laws.

Any other use and disclosures of PHI will be made only with your written authorization. You may revoke this authorization after giving it as allowed by law.

Your rights regarding your PHI: All requests should be in writing and submitted to the privacy officer at the address listed below. You have the right to request restrictions on certain uses and disclosures of PHI. However, we are not required by law to agree to such restriction. You have the right to receive confidential communication of PHI in a manner you choose. You have the right to inspect and receive a copy of PHI. You have the right to receive an accounting of disclosures of PHI for reasons requiring your authorization. You have the right to request a copy of this notice upon request. You have the right to request an amendment to your records if you believe the information in the record is incorrect or important information is missing.

Changes of this notice may be made from time to time. We will always post a current version of this notice in our office and you may request the most recent version each time you register. Changes will govern information collected already as well as information to be collected after the notice has been changed.

We are required by law to abide by the terms of this notice. You may register a complaint with our Privacy Officer if you believe that your privacy rights have been violated. To file a complaint please address your written statement detailing the complaint to: Sonoma Pain Management 1456 Professional Dr Ste 402 Petaluma, Ca 94954. You may also file a complaint with the US Department of Health and Human Services. Filing a complaint will not negatively affect the treatment or coverage you receive.