



HIPAA COMPLIANCE & PRIVACY NOTICE (Pg 2)

	PATIENT NAME	
TODAY'S DATE	DATE OF BIRTH	

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

USE AND RELEASE OF YOUR HEALTH INFORMATION REQUIRING YOUR AUTHORIZATION

- **Persons Involved in Your Care** - In certain situations, we may share your health information about you to persons involved with your care, such as friends or family members. We may also give information to someone who helps pay for your care. You have the right to approve such releases, unless you are unable to function, or if there is an emergency.
- **Notification / Disaster Relief Purposes** - In certain situations, we may share your health information with the American Red Cross or another similar federal, state or local disaster relief agency, to help the agency to locate persons affected by the disaster.

WHEN IS YOUR AUTHORIZATION REQUIRED?

Except for the types of situations listed above, we must obtain your authorization for any other types of releases of your health information. If you provide us authorization to use or release health information about you, you may cancel that authorization in writing at any time. Any authorization you sign may be cancelled by following the instructions described on the authorization form.

WHAT ARE YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION?

KANSAS PAIN MANAGEMENT wants you to know your rights regarding your health information:

- **Right to Receive This Notice of Privacy Practices** - You have the right to receive a paper copy of this notice at any time. You may obtain a copy of the current notice by requesting us at (913) 339-9437.
- **Right to Request Confidential Communications** - You have the right to ask that Interventional Pain Solutions PA communicate your health information to you in different ways or places. For example, you can ask that we only contact you by telephone at work, or that we only contact you by mail at home. We will do this whenever it is reasonably possible. You can find out how to make such a request by contacting the clinic manager.
- **Right to Request Restrictions** - You have the right to request restrictions or limitations on how your health information is used or released. We have the right to deny your request. You may obtain information on how to ask for a restriction on the use or release of your information by contacting the clinic manager or the privacy officer.
- **Right to Access** - With a few exceptions, you have the right to review and receive a copy of your health information. Some of the exceptions include:
 - o Psychotherapy notes;
 - o Information gathered for court proceedings; and
 - o Any information your provider feels would cause you to commit serious harm to yourself or to others

You can get a copy of your health information by submitting a request in writing to the Medical Record Release of Information division of our practice. This division will provide you with the necessary forms and assistance. We may charge you a fee to copy and/or mail your health record to you. If you are denied access to your health record for any reason KANSAS PAIN MANAGEMENT will tell you the reasons in writing. We will also give you information about how you can file an appeal if you are not satisfied with our decision.

- **Right to Amend** - You have the right to ask that KANSAS PAIN MANAGEMENT's information in your health record be changed if it is not correct or complete. You must provide the reason why you are asking for a change. You may request a change by sending a request in writing to the Medical Record Release of Information division. This division will provide you with the necessary forms and assistance. We may deny your request if:
 - o We did not create the information;
 - o We do not keep the information;
 - o You are not allowed to see and copy the information; or
 - o The information is already correct and complete.

For release of information, please use the following phone number: (913) 339-9437

- **Right to a Record of Releases** - You have the right to ask for a list of releases of your health information by sending a request in writing. Your request may not include dates earlier than the six years prior to the date of your request. If you request a record of releases more than once per year, KANSAS PAIN MANAGEMENT may charge a fee for providing the list. The list will contain only information that is required by law. This list will not include releases for treatment, payment, healthcare operations or releases that you have authorized.

WHAT CAN YOU DO IF YOU HAVE A COMPLAINT ABOUT HOW YOUR HEALTH INFORMATION IS HANDLED?

If you believe that your privacy rights have been violated, you may file a complaint KANSAS PAIN MANAGEMENT or with the Secretary of Health and Human Services. To receive help in filing a complaint with KANSAS PAIN MANAGEMENT you may contact us at (913) 339-9437. You will not be denied treatment or penalized in any way if you file a complaint.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

PATIENT PRINTED NAME		PATIENT DOB	
PATIENT SSN			

I acknowledge that KANSAS PAIN MANAGEMENT has provided me with a written copy of their Notice of Privacy Practices.
 I also acknowledge that I have been afforded the opportunity to read the Notice of Privacy Practices and ask questions.

PATIENT SIGNATURE		DATE	
PERSONAL REPRESENTATIVE SIGNATURE (If Applicable)		RELATION TO PATIENT	