

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 review it carefully.

**Your Rights:**

Get a copy of your medical record (paper or electronic)

Correct any errors within your medical record

Request confidential communication or request a specific form of communication

Ask us to limit information we share

Get a list of who we’ve shared your information with

Get a copy of these privacy practices

Choose someone to act on your behalf

File a complaint if your privacy rights have been violated.

You can file a complaint by sending letter to:

* **U.S. Department of Health and Human Services Office for Civil Rights**

 **200 Independence Avenue, S.W.**

 **Washington, D.C. 20201**

You can also call 1-877-696-6775, or visit http://www.hhs.gov/ocr/privacy/hipaa/complaints/.

There will be no retaliatory action against you for filing a complaint.

**Your Choices:**

You have choices in the way that we use and share information regarding:

Disclosing to family and friends about your condition

Providing disaster relief

Providing mental health or behavioral health care

Marketing our services and/or selling your information

**Our Patient Information Uses and Disclosures:**

Information will be used in the following ways:

Treat your medical conditions: May include professional consultation for improved care.

Bill the patient or Insurance company for services provided to you

Assist the issues pertaining to public health and safety issues (preventing disease, medication reactions, product recalls, Mandated Reporting of suspected abuse, neglect, or domestic violence)

Perform research to improve patient healthcare and treatment. (Additional notifications would be requested)

Follow the law: responding to subpoena for medical information

Respond to organ or tissue donation requests

Work with medical examiners or funeral directors

Address workers’ comp, law enforcement, or other government requests

Respond to lawsuits or legal actions

**Our Responsibilities**

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and all new patient are given a copy of this notice to sign upon registration and will be provided upon request.

We will not use or share your information other than as described with this notice, unless written permission is given by the patient.

If the patient wishes to rescind any authorizations for individuals / companies to assess their information, this must be done in writing to this office.

**For more information, see http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.**

Changes to the Terms of This Notice

The terms of this notice may change, and all changes will apply to all patient information within the practice.

**You may contact the privacy officer at 623-341-8469**

* **We will never market or sell your personal information**

This Notice of Privacy Practices applies:

**Anthem Pain Management, LLC**

Effective Date 08/01/2014

**You May Ask Staff For A Copy Or You Can Download A Copy Below**