



5401 N. Knoxville, Suite 117
Peoria, IL 61614
Ph. 309.689.8888 F. 309.689.8410

NOTICE OF PRIVACY PRACTICES

This notice describes how protected personal health information (PHI) may be used and disclosed, as well as how you may gain access to this information. Please review this document carefully.

We respect patient confidentiality and only release personal health information in accordance with the state and federal laws regarding PHI.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide care, there are times when we may need to share your PHI with facilities beyond the Center for Pain Management and Rehabilitation. This includes:

- Treatment – With your permission, we may disclose PHI to provide, coordinate, or manage care or other related services, including physicians we refer you to for treatment, or physicians who have referred you to our facility.
- Payment – Information may be used to obtain payment for the services provided at our facility. This may include contacting your health insurance company for prior approval for treatment or regarding services rendered in the past.
- General Healthcare Operations – we may use your PHI to coordinate our business activities, including scheduling, review of care, and staff training activities.

INFORMATION DISCLOSED WITHOUT YOUR CONSENT

Under state and federal laws, PHI may be disclosed without your consent in the following circumstances:

- Emergencies – Only imperative information will be shared to address an immediate emergency.
- Follow-up Appointments & Treatment – Our facility will contact you to remind you of future appointments. We may also contact you with information about alternative treatment options or other health-related benefits we feel would be of interest to you.
- As Required by Law – This would include release of information for subpoena, court order, or in an instance of communicable disease or suspected abuse or neglect.
- Coroners or Funeral Directors – We may disclose PHI in order for these agencies to carry out their duties.
- Governmental Requirements – We may disclose PHI to health oversight agencies for actions such as audits, investigations, inspections, and licensure. In the incident of adverse reactions or defective products, it may also be necessary to release PHI to the Food and Drug Administration. We are also required to release requested information to the Department of Health and Family Services and Medicare when requested.
- Criminal Activity or Danger to Others – If a crime is committed on our premises or against our personnel, we may share information with law enforcement to apprehend a criminal. We also have the right to involve law enforcement and to warn any potential victims when immediate danger is present, or if we believe you present a danger to yourself.

PATIENT RIGHTS REGARDING PHI

You have the following rights under state and federal laws:

- Copy of Record – You are entitled to inspect the PHI held at the Center for Pain Management and Rehabilitation regarding your treatment. We may, however, charge a reasonable fee for the copying and mailing of these records.
- Release of Records – You may consent, in writing, to the release of your medical records to others at any time. The may include attorneys, employers, or others whom you may wish to have access to your medical treatment at our facility. You may also revoke this consent at any time, also in writing.
- Restriction of Records – You may request, in writing, that any or all of your PHI not be released to specific persons or facilities. CPMR may however not agree to this request if we believe it is in your best interest to permit use or release of PHI to another facility or physician. The request should be given to the office manager who will consult with staff to determine of the request for restriction of records is reasonable and acceptable.
- Contacting the Patient – You may request that we send information to another address or by alternative means. We will honor such a request so long as the request is reasonable and we are assured it is the correct address/means of communication. We are unable to release any PHI via email.
- Amending Health Records – If you feel that information in your PHI is incorrect or incomplete, you may request to amend it. To do so, contact our office and request a form to complete this action. In certain cases, we may deny this request, and in that instance you may request an appeal to the denial of the request. We will then file your response with ours and include this exchange in your PHI.
- Accounting for Disclosures – You may request a listing of any disclosures we have made regarding your PHI, excluding information used for treatment, payment, insurance, or any information you have given us specific consent to release. To receive this information, pertaining to information no longer than six years past or after January 1, 2007, please submit your request in writing to our office. We will then notify you of any cost relating to this release.
- Questions or Complaints – If you have any questions or complaints, or would like a copy of this document in writing, please contact our office by phone (309-689-8888), letter, or in person. You may also contact the Secretary of Health and Human Services of you believe our facility has violated your privacy rights. We will not retaliate due to filing of a complaint.

Center for Pain Management and Rehabilitation reserves the right to alter privacy practices based on the needs of our practice or changes in state or federal laws pertaining to PHI.

Print Name _____ Date of Birth _____

Signature _____ Date _____

I agree to and understand the above information regarding my Protected Health Information.