

Privacy Policy

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.

It is the policy of Oklahoma Pain Management (OPM) to keep all of your medical and personal information confidential. We will only use or disclose your information for the following reasons:

Treatment: We will share your medical information with other medical providers who are involved in your care (including hospitals and clinics), to refer you for treatment, and to coordinate your care with others.

Payment and or Authorization of a procedure: We may use and disclose personal health information (PHI) when it is needed to receive payment for services provided to you. For example, if you your insurance require certain dictations or office notes to determine if a procedure is deemed necessary.

Health Care Operations: We will use and disclose PHI when it is needed to make sure we are providing you with good service. For instance, we may review your records in order to make certain quality services were given.

OPM may contact you to provide appointment reminders.

Other uses or disclosures of your PHI that may occur include:

- If you have given us permission in writing to release part or all your information.
- Electronically via Health Information Exchange(s) unless you opt out.
- When ordered to do so by a valid court order.
- When business associates of OPM sign agreements to protect your privacy.
- When required by state law. For instance, when reporting injuries and disease as required by the Public Health codes or to prevent the spread of disease such as tuberculosis (TB)
- We can share your information with anyone as necessary; consistent with Oklahoma Law and the Oklahoma State Department of Health's policies and procedures, if we feel there is imminent danger. For example, we will release the minimum information necessary if we believe it will prevent or lessen a serious and imminent threat to the health and safety of a person or the public.

Emergency Coordination: We will share your medical information with other medical providers who are involved in your care to coordinate your care with others (such as emergency relief workers or others who can help in finding you appropriate health services).

Any Other Use or Disclosure of Your PHI Requires Your Written Authorization:

Under any circumstance other than those listed above, OPM will ask for your written authorization before we use or disclose your PHI. Specifically, OPM must obtain your written authorization for the use and disclosure of psychotherapy notes, marketing, and the sale of PHI. OPM will not sell PHI without your written authorization. You can later cancel your authorization in writing, and we will not disclose your PHI after we receive your cancellation, except for disclosure which we process before we received your cancellation.

Your Rights:

- Receive of persons or organizations, other than those listed above, to whom we release your information.
- Request limits on how your information is used or disclosed; however, we are not required to agree to those limits unless you pay out of pocket in full for a service. If you pay out pocket in full for a service and you request we not share information for that service with your insurance company we will honor your request.
- Ask that we not contact you at home.
- Inspect and copy your medical records except in cases involving certain psychotherapy notes.
- Amend incorrect information in your medical record.
- Revoke your written permission for release of information.
- Receive notification if your unsecured health information is breached
- Receive a paper copy of this privacy notice.

Our Responsibilities:

Federal law requires that Oklahoma Pain Management and its entities to:

- **Maintain the confidentiality of your protected health information.**
- **Provide you with a copy of this notice.**
- **Abide by the terms of this notice**
- **Only change this notice as permitted by federal rules.**
- **Provide you with a way to file complaints regarding privacy issues.**

I HAVE READ AND UNDERSTAND THE OKLAHOMA PAIN MANAGEMENT PRIVACY POLICY OUTLINED ABOVE. I AGREE TO THE GUIDELINES OUTLINED IN THE ABOVE DOCUMENT.

Patient Signature

Date