

# HIPAA

## *Health Insurance Portability & Accountability Act*

### *Acknowledge of Receipt of Notice*

#### **PAIN MANAGEMENT ASSOCIATES OF WNY**

I authorize the following communication regarding my medical information listed bellow.

Please list any person to which you authorize us to disclose verbal communication via phone or in person.

#### **APPOINTMENT INFORMATION**

- Home Phone
- Mobile Phone
- Mobile Text
- Work Phone
- With Another Person
- Send via Mail
- Send via E-Mail

#### **MEDICAL INFORMATION**

- Home Phone
- Mobile Phone
- Mobile Text
- Work Phone
- With Another Person
- Send via Mail
- Send via E-Mail

NAME: \_\_\_\_\_

Medical Information     Script Pick Up

NAME: \_\_\_\_\_

Medical Information     Script Pick Up

NAME: \_\_\_\_\_

Medical Information     Script Pick Up

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices.

PRINT: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGN: \_\_\_\_\_

PHONE: \_\_\_\_\_

**SUMMARY OF PRIVACY PRACTICES**  
**PAIN MANAGEMENT ASSOCIATES OF WNY**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

**Treatment:** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, a doctor may use the information in your medical record to determine which treatment option, such as drug or procedure best addresses your health needs.

**Payment:** Your health information may be used to seek payment from your health plan; from other sources of coverage such as a No Fault, Workers' Compensation carrier or from credit companies that you may use to pay for services.

**Health Care Operations:** Your health information may be used as necessary to support day to day activities and management of Pain Management Associates of WNY. For example, information may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

**Law Enforcement:** Your health information may be disclosed to law enforcement agencies to support government audits and inspections to facilitate law enforcement investigations and to comply with government mandated reporting.

**Public Health Reporting:** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medication, and reporting disease or infection exposure.

**Other Uses and Disclosures Require Your Authorization:** Other disclosures of your health information or its use for other than the reasons listed above, requires your specific written authorization. If you change your mind after authorizing, you may submit a written revocation of the authorization. However, your revocation will not affect or undo any use or disclosure that occurred before you notified us of your decision.

**Additional Use of Information:** Your health information will be used by our staff to send any appointment reminder deemed necessary.

**Individual Rights:** You have certain rights under federal privacy standards including:

- \* The right to request restrictions on the use and disclosure of your health information.
- \* The right to receive confidential communications concerning your medical condition & treatment.
- \* The right to inspect and obtain a copy of your health information.
- \* You can request to amend or submit corrections to your health information.
- \* The right to receive an accounting of how and to whom your health information was disclosed.
- \* The right to receive a printed copy of this summary and Pain Management Associates of WNY's Notice of Privacy Practices, which provides a more complete description of information uses and disclosures.

**Pain Management Associates of WNY Duties:** We are required to maintain the privacy of your health information and to provide you with our Notice of Privacy Practices. We reserve the right to amend or modify our privacy policies and practices. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

You may generally inspect your health information. As permitted by federal regulation, we require that such request must be submitted in writing to Pain Management Associates of WNY, Att: Office Manager. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny your request.

If you would like to submit a comment or complaint about our privacy practices, you will not be penalized or otherwise retaliated against for filing. You may request a copy of our Complaint Form, which you will fill out and submit to Pain Management Associates of WNY, Att: Office Manager, 100 College Parkway, Suite 220, Williamsville, NY 14221.

For further information concerning our privacy policies, please contact the Office Manager at the above address.

The effective day of this notice is: November 8, 2016.