

NOTICE OF 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.

ADVANCED PAIN MANAGEMENT, S.C. PAIN CENTERS OF MINNESOTA-MANKATO PAIN CENTERS OF MINNESOTA- CHASKA

Advanced Pain Management ("APM") is committed to ensuring that your health information is kept private in accordance with federal and state law. This information is called "protected health information" or "PHI." This Notice covers the privacy practices of all health care professionals, employees and staff at our Minnesota APM clinics and Ambulatory Surgery Centers. We will abide by the terms of the Notice.

We are required by law to maintain the privacy of your PHI and to provide you with this Notice. We are also required to notify you following a breach of your unsecured health information.

This Notice is effective as of September 23, 2013. We reserve the right to make changes to this Notice as permitted by law. We reserve the right to make the new Notice provisions effective for all health information we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Each version of the Notice will have an effective date listed on the first page. If we change this Notice, you can access the revised Notice using these options:

- From the APM website (www.apmhealth.com); or
- From the receptionist at any Minnesota APM clinic or Ambulatory Surgical Center.

If you want more information about the privacy practices of APM, please contact the Advanced Pain Management Privacy Officer in writing at 4131 W. Loomis Road, Suite 300, Greenfield, WI 53221, by phone at 414-585-8721, or by email at privacyofficer@apmhealth.com.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe the ways that federal law permits us to use and disclose your PHI without your written authorization.

Treatment. We will use PHI about you to provide you with medical treatment or services. We will disclose your PHI to other health care professionals so that they can evaluate your health, diagnose your medical conditions and provide your treatment. For example, results of laboratory tests and procedures will be available in your medical record to health professionals who may need the information to provide you with treatment.

Payment. We may use and disclose your PHI to obtain payment for the services we provide to you. For example, we may disclose your PHI to seek payment from your insurance company, or from another third party. We may need to give your insurance company information about a procedure you underwent so that your insurance company will pay for the procedure. We may also inform your insurance company about a treatment you are going to receive so that we obtain prior approval for the treatment, or in order to find out if your insurance company will cover the treatment.

Health Care Operations. We may use and disclose your PHI in order to conduct certain of our business activities, which are called health care operations. These uses and disclosures are necessary to run our business and make sure our patients receive quality care. For example, we may use your health information for quality assessment activities, necessary credentialing, and for other essential activities. We may also disclose your health information to third party "business associates" that perform various services on our behalf, such as transcription, billing and collection services. In these cases, we will enter into a written agreement with the business associate to ensure they protect the privacy of your health information.

OTHER WAYS WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe other ways federal law permits us to use and disclose your PHI without your written authorization.

Patient Directory. We may keep brief information about you in our directory. Unless you tell us otherwise, we may disclose where you are in our facility and your general health condition (for example "stable" or "good") to anyone who asks for you by name.

Family Members and Friends for Care and Payment and Notification. If you verbally agree to the use or disclosure and in certain other situations, we may make the following uses and disclosures of your PHI. We may disclose certain PHI to a family member, friend, or anyone else whom you identify as involved in your health care or who helps pay for your health care. In such cases, the PHI we disclose would be limited to the PHI that is relevant to that person's involvement in your care or payment for your care. We may also make these disclosures after your death unless doing so is inconsistent with any prior expressed preference. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or any other person responsible for your care regarding your location, general condition, or death. In an emergency situation or in the event of your incapacity, we may exercise our professional judgment to determine whether a disclosure to a particular person is in your best interest.

Fundraising. We may use your demographic information (such as name, contact information, age, gender, and date of birth), the dates you received services from us, the department of your service, your treating physician, outcome information, and health insurance status to contact you about supporting our fundraising efforts. You may opt out of receiving any further fundraising communications from us.

Disaster Relief Efforts. We may disclose your PHI to organizations for the purpose of disaster relief efforts in accordance with the law.

Required by Law. We may disclose your PHI when required by law to do so.

Public Health Reporting. We may disclose your PHI to public health agencies as authorized by law. For example, we may report certain communicable diseases to the state's public health department. We may also report work-related illnesses and injuries to your employer for workplace safety purposes if certain requirements are met.

Reporting Victims of Abuse or Neglect. If we reasonably believe you have been a victim of abuse or neglect, we may disclose your PHI to a government authority in accordance with law.

Health Care Oversight. We may disclose your PHI to authorities and agencies for oversight activities allowed by law, including audits, investigations, inspections, licensure and disciplinary actions, or civil, administrative and criminal proceedings, as necessary for oversight of the health care system, government programs and civil rights laws.

Legal Proceedings. We may disclose your PHI in the course of certain administrative or judicial proceedings. For example, we may disclose your PHI in response to a court order.

Law Enforcement. We may disclose your PHI to a law enforcement official for certain specific purposes, such as reporting certain types of injuries.

Deceased Persons. We may disclose your PHI to coroners, medical examiners or funeral directors so that they can carry out their duties.

Research. Under certain circumstances, we may disclose your PHI to researchers who are conducting a specific research project. For certain research activities, an Institutional Review Board (IRB) or Privacy Board may approve uses and disclosures of your PHI without your authorization.

To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI if we believe it is necessary to prevent a serious and imminent threat to the health or safety of a person or to the public.

Military, National Security, or Incarceration/Law Enforcement Custody. If you are or were involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your PHI to the proper authorities so they may carry out their duties under the law.

Workers' Compensation. We may disclose your PHI as necessary to comply with laws related to workers' compensation or other similar programs.

The following describes the ways that Minnesota law permits us to use and disclose your PHI. Release of PHI by licensed Minnesota providers usually requires your signed permission (or the signed permission of your legal representative). There are certain exceptions to this requirement, including if you are having a medical emergency, you are seeing a related provider for current treatment, you are returning to a health care facility and unable to provide permission, and other releases specifically authorized by law which may include some of the disclosures permitted by federal law listed above. Other Minnesota laws governing sensitive records (such as mental health records and genetic information) may have additional requirements we must follow. Further, to the extent required by Minnesota law, we will use reasonable efforts to obtain your authorization prior to disclosing your PHI to an external researcher.

Further, please be aware that other federal laws may have additional requirements that we must follow, or may be more restrictive than HIPAA on how we use and disclose your PHI. If there are specific more restrictive requirements, even for some of the purposes listed above, we may not disclose your PHI without your written permission as required by such laws.

OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Disclosure of your PHI or its use for any purpose other than those listed above requires your specific written authorization. Some examples include:

- **Psychotherapy Notes:** We usually do not maintain psychotherapy notes about you. If we do, we will only use and disclose them with your written authorization except in limited situations.
- **Marketing:** We may only use and disclose your health information for marketing purposes with your written authorization. This would include making treatment communications to you when we receive a financial benefit for doing so.
- **Sale of Your Health Information:** We may sell your health information only with your written authorization.

If you change your mind after authorizing a use or disclosure of your PHI, you may withdraw your permission by revoking the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your PHI that occurred before you notified us of your decision, or any actions that we have taken based upon your authorization. To revoke an authorization, you must notify us in writing at Advanced Pain Management, ATTN: Privacy Officer, 4131 W. Loomis Road, Suite 300, Greenfield, WI 53221.

YOUR PROTECTED HEALTH INFORMATION RIGHTS

As an APM patient, you have the following rights regarding the PHI we maintain about you:

Right to Inspect and Copy. You have the right to inspect and receive a copy of your PHI. We may charge you a fee as authorized by law to meet your request. To inspect and copy your health information, you must make your request in writing. Please contact our Medical Records Department at 414-325-7246 to obtain a request form. You may request access to your medical information in a certain electronic form and format, if readily producible, or, if not readily producible, in a mutually agreeable electronic form and format. Further, you may request in writing that we transmit such a copy to any person or entity you designate. Your written, signed request must clearly identify such designated person or entity and where you would like us to send the copy. If you wish to make such requests, please contact Medical Records Department at 414-325-7246.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed by a licensed health care professional chosen by us. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. You have a right to request that we amend or correct your PHI that you believe is incorrect or incomplete. For example, if your date of birth is incorrect, you may request that the information be corrected. To request a correction or amendment to your PHI, you must make your request in writing to Medical Records Department, Supervisor, Advanced Pain

Management, 4131 W. Loomis Road, Suite 300, Greenfield, WI 53221 and provide a reason for your request. You have the right to request an amendment for as long as the information is kept by or for us. Under certain circumstances we may deny your request. If your request is denied, we will provide you with information about our denial and how you can file a written statement of disagreement with us that will become part of your medical record.

Right to Request Restrictions on Certain Uses and Disclosures. You have the right to request restrictions on how your PHI is used or disclosed for treatment, payment or health care operations activities. However, we are not required to agree to your requested restriction, unless that restriction is regarding disclosure of PHI to your health insurance company and: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the PHI pertains solely to a health care item or service for which you or another person (other than your health insurance company) paid for in full. If you would like to make a request for a restriction, you must submit your request in writing to Medical Records Department, Supervisor, Advanced Pain Management, 4131 W. Loomis Road, Suite 300, Greenfield, WI 53221. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

The Right to Request Confidential Communications. You have the right to request that we communicate your PHI to you in a certain manner or at a certain location. For example, you may wish to receive information about your health status through a written letter sent to a private address. We will grant reasonable requests. We will not ask you the reason for your request. To request confidential communications, you must make your request in writing. You may obtain a request form by contacting our Medical Records Department at 414-325-7246.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures we make of your PHI. Please note that certain disclosures need not be included in the accounting we provide to you. To request an accounting of disclosures, you must submit your request in writing to our Medical Records Department. Your request must state a time period which may not go back further than six years. You will not be charged for this accounting, unless you request more than one accounting per year, in which case we may charge you a reasonable cost-based fee for providing the additional accounting(s). We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.

Right to a Paper Copy of Notice. You have the right to receive a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. A paper copy of this Notice can be obtained from the receptionist at any APM site or surgery center and is also available at our website at www.apmhealth.com.

Complaints. You have the right to file a complaint if you believe your privacy rights have been violated. If you would like to file a complaint about our privacy practices, you can do so by sending a letter outlining your concerns to: Advanced Pain Management, Attention: Privacy Officer, 4131 W. Loomis Road, Suite 300, Greenfield, WI 53221 or by contacting our Privacy Officer at 414-585-8721.

You have the right to complain to the United States Secretary of the Department of Health and Human Services. **You will not be penalized or otherwise retaliated against for filing a complaint.**

CONTACT INFORMATION, QUESTIONS OR CONCERNS

If you have questions or concerns about your privacy rights, or the information contained in this Notice, please contact the Advanced Pain Management Privacy Officer in writing at 4131 W. Loomis Road, Suite 300, Greenfield, WI 53221, by phone at 414-585-8721 or by email at privacyofficer@apmhealth.com.