

1 MOHAMMAD TARIQ, M.D.
MUHAMMAD ZULQARNAIN, M.D.
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 carefully.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION:

The Health Insurance Portability & Accountability Act of 1996 is a federal program that requires that all medical records and other individually identifiable health information, or protected health information (“PHI”) used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

YOUR HEALTH INFORMATION RIGHTS:

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to request, inspect, and obtain a copy of your health record, obtain an accounting of disclosures of your health information, request communications of your health information by alternative means or at alternative locations, revoke your authorization to use or disclose health information except to the extent that action has already been taken. Your ability to restrict disclosures also relates to prohibitions and permissions set in place by you regarding our ability to disclose of your PHI to your family members, other relatives, close personal friends, or any other person identified by you. We are not, however, required to agree to a requested restriction. If we do agree, we must abide by it unless you agree in writing to remove it.

OUR RESPONSIBILITIES:

Comprehensive Pain Management Center is required to maintain the privacy of your health information. We will provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, abide by the terms of these reasonable requests you may have to communicate health information by alternative means or at alternative locations. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice at our office. We will not use or disclose your health information without your authorization, except as described in this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is (i) correct and complete; (ii) not created by us and/or not part of our records, or; (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial along with any statement in response that you provide, amended to your PHI. If we approve the request for amendment, we change the PHI and so inform you, and tell others what they need to know about the change in the PHI.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

We will use your health information for treatment. For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Comprehensive Pain Mgmt Center will record the actions taken and observations made with respect to your information.

We will use your health information for payment. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well your diagnosis, procedure, and medications provided.

Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person’s involvement in your care or payment related to your care.

We may disclose to the FDA health information relative to adverse events with respect to supplement, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION:

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. We must obtain your authorization separate from any notice we may have provided to you. If you give us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

Mohammad Tariq, M.D.
Muhammad Zulqarnain, M.D.

By signing this form and returning it to Dr. Tariq's office, I acknowledge that I have received a copy of this notice of the privacy practices.

Printed Name of Patient

DOB

Authorized Signature of Patient

Date