



Excellence in Pain Management

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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.**

If you have any questions about this Notice, please ask a staff member.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our clinic, whether made by our clinic personnel or your personal doctor or other practitioners involved in your care. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- \*make sure that medical information that identifies you is kept private;
- \*give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- \*follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

\*FOR TREATMENT: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to your doctors, nurses, technicians, health care students, clergy, or others who are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes so that we can arrange for appropriate meals. We may also disclose medical information about you in order to coordinate the different things you need such as prescriptions, lab work, and x-rays. Your medical

information may also be disclosed to long term facilities or others your physician or we use to provide services that are part of your care.

\*FOR PAYMENT: We may use and disclose medical information about you so that the treatment and services you receive at our clinic may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about procedures you received at our clinic so your health plan will pay us or reimburse you for the procedure. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

\*APPOINTMENT REMINDERS: We may use and disclose medical information to contact you or your representative as a reminder that you have an appointment for a follow up or procedure at our clinic.

\*TREATMENT ALTERNATIVES: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

\*HEALTH RELATED BENEFITS AND SERVICES: We may use and disclose medical information to tell you about health related benefits, services, or medical education classes that may be of interest to you.

\*BUSINESS ASSOCIATES: Certain aspects and components of our services are performed through contracts with outside persons or organizations such as billing, legal services, etc. At times it may be necessary for us to provide some of your personal, protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

\*TO OTHERS: You may tell us in writing that it is OK for us to share your medical information to someone else for any reason. Also, if you are present and tell us it is OK, we may give your medical information to a family member, friend or other person. We would do this if it has to do with your current treatment or payment for your treatment. If you are not present, it is an emergency, or you are not able to tell us it is OK, we may give your medical information to a family member, friend or other person if sharing your medical information is in your best interest.

\*RESEARCH: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at this office.

\*AS REQUIRED BY LAW: We will disclose medical information about you when required to do so by federal, state or local law.

#### SPECIAL SITUATIONS

\*ORGAN AND TISSUE DONATION: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

\*MILITARY: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

\*WORKERS' COMPENSATION: We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

\*PUBLIC HEALTH RISKS (HEALTH AND SAFETY TO YOU AND/OR OTHERS): We may disclose medical information about you for public health activities. We may use and disclose medical information about you to agencies when necessary to prevent a serious threat to your health and safety for the public or another person. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.

\*HEALTH OVERSIGHT ACTIVITIES: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

\*LAWSUITS AND DISPUTES: If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by some-one else involved in the dispute.

\*LAW ENFORCEMENT: We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

\*CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry on their duties.

\*NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES: We may release medical information about you to authorized federal officials for intelligence, counter – intelligence, and other national security activities authorized by law.

### YOUR RIGHTS REGARDING MEDICAL

#### INFORMATION ABOUT YOU

\*RIGHT TO INSPECT AND COPY: You have the following rights regarding medical information we maintain about you:

- To inspect and copy medical information that may be used to make decisions about your care
- To inspect and copy medical information that may be used to make decisions about you, you must submit this request in writing to the Medical Records Department. If you request a copy of information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request.
- We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the doctor will review your request and the denial. The person conducting the review will not be the person who denied the request. We will comply with the outcome of the review.

\*RIGHT TO AMEND: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request and amendment for as long as the information is kept by or for the office.

To request an amendment, your request must be made in writing and submitted to the Director of Medical Records. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the office;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

\*RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care

or payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery performed.

- We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- To request restrictions, you must make your request in writing to the Director of Medical Records. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

\*RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You have the right to request we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

Please advise the Receptionist how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

\*FUNDRAISING: You have the right to be notified and opt out of receiving fundraising materials or communication. You may do so by sending your name and address to the Privacy Officer together with a statement that you do not wish to receive fundraising materials or communications from us. We cannot sell your Personal Health Information without your explicit authorization.

\*RIGHT TO BE NOTIFIED OF A BREACH: We are committed to protecting your personal information, and we want to assure you that we have policies and procedures in place to protect your privacy. You will receive notification from our office if there has been unauthorized access to your personal health information that may cause substantial financial or reputation harm to you within 60 days of the breach.

\*RIGHT TO PAPER COPY OF THIS NOTICE: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time by requesting a copy from any member of our office staff.

#### CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future.

#### QUESTIONS AND COMPLAINTS

If you have questions or believe your privacy rights have been violated, you may contact or submit your complaint in writing to the Privacy Officer at 636-933-2243. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services.

THE QUALITY OF YOUR CARE WILL NOT BE JEOPARDIZED NOR WILL YOU BE PENALIZED FOR FILING A COMPLAINT.

#### OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand

that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.