

Resolve Pain Solutions, LLC

NOTICE OF PRIVACY PRACTICES

Effective Date: 2022

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. THIS IS NOT AN AUTHORIZATION.

The Notice of Privacy Practices describes how we, our Business Associates and their subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (“TPO”) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information (“PHI”). PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. This Notice also describes your rights and certain obligations we have regarding the use and disclosure of medical information. Resolve Pain Solutions, LLC (referred to in this document as “the Practice”) are required by law to keep private medical information that identifies you; 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 of Privacy Rights currently in effect. If you have any questions about this notice, please contact the Privacy and Security Officer at 901-747-0040 during regular business hours.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is confidential, and we are committed to protecting your medical information. We create a record of the care and services you receive at this healthcare practice to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this practice, whether made by practice personnel or your provider.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

You have the following rights regarding medical information we maintain about you:

- **Right to Review and Receive a Copy:** You have the right to request to see or receive a copy (electronic or paper) of your medical record and other health information we have about you. Upon receipt of a valid, HIPAA compliant authorization form, we will provide a copy or summary of your information, usually within ten (10) days of your request. We may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and obtain a copy in certain, limited circumstances and as required by law. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional will review your request and the denial. 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 Request Corrections:** If you feel that your medical record is incorrect or incomplete, you may ask us to correct (amend) the information. To request an amendment, your request must be made in writing and submitted to the Practice. You must provide information to support your request. We may deny your request for an amendment if it is not in writing or does not include information to support the request. In addition, we may deny your request if you ask us to amend information if: 1) it was not created by the Practice, 2) the person or entity that created the information is no longer available to make the amendment; 3) it is not part of the medical information kept by this health care provider; 4) it is not part of the information which you would be permitted to inspect and copy; or 5) the information contained in the record is accurate and complete.
- **Right to an Accounting of Disclosures:** You have the right to request a list (accounting) of the times we have shared your health information for six years prior to the date of your request, who we shared it with, and why. To request this accounting of disclosures, you must submit your request in writing to the Privacy & Security Officer, Resolve Pain Solutions, 55 Humphreys Center Drive, Memphis, TN 38120. Your request must state a period of time, which may not be longer than six years, and will include all the disclosures except for those disclosures related to treatment, payment, and health care operations, and certain other disclosures. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Limit the Information we use or share:** 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. 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 or if disclosure is required by law. To request restrictions, you must make your request in writing to us. 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.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you in a specific way or at a certain location. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted. You must provide us with an address to which we can send all written correspondence, including your bill.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice, even if you have agreed to receive the notice electronically. We will provide you with a paper copy upon request. This Notice is also available on our website.
- **Right to Choose Someone to Act on Your Behalf:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will ensure that the person with this authority and can act for you before the Practice takes any action.
- **Right to File a Complaint:** If you believe your rights have been violated, you may file a complaint with the Practice by contacting the Privacy and Security Officer at 901-871-0019, or submitting your complaint in writing to the Privacy and Security Officer, Resolve Pain Solutions, 55 Humphreys Center Drive Suite 200, Memphis, Tennessee 38120. You may also file a complaint with the Secretary of the Department of Health and Human Services at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. You will not be penalized for filing a complaint.

YOUR CHOICES ABOUT WHAT WE SHARE:

- **Right and Choice:** You may choose to share information with family, close friends, or others involved in your care; in a disaster relief situation; or for contact regarding fundraising. If you are unable to provide preferences (e.g., unconscious, during a medical emergency), we may go ahead and share information if it would be in your best interest, or to lessen a serious or imminent threat to health or safety.
- **Sharing Requiring Permission:** The Practice must have your permission to share your information for Marketing purposes; to sell your information; or to share most psychotherapy notes.
- **Fundraising:** We may contact you for fundraising efforts, but you can tell us not to contact you again.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we typically use and disclose medical information. Not every use or disclosure in a category will be listed. However, all permitted to uses and disclosures 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 doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, we may share protected health information about you in to coordinate the different things you need, such as prescriptions, lab work and x-rays. Different departments of the Practice also may share medical information about you to coordinate the different things you need, such as prescriptions, lab work and x-rays. treatment. Contact our Privacy Officer for questions or concerns.
- **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at the Practice 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 services you received so your health plan will pay us or reimburse you for the services. 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. You have the right to request that we do not file a visit with your insurance company. However, there are certain limits on that right: 1) You must pay out-of-pocket for the full cost of the visit. If we cannot unbundle the visit from other services, you will need to pay in full for the entire bundle of services, 2) You will have to pay each provider who would otherwise have the right to bill insurance for the services they provided to you, 3) If the final amount of charges cannot be calculated during the time of your visit, you will be asked

to pay an estimated amount at the time of the visit and any difference between the final and estimated amount when the final amount is known. If you fail to pay the difference between the final and estimated amount, then we have the right to file the claim with your insurance company.

- **For Health Care Operations.** We may use and disclose medical information for the practice's operations, improvement of healthcare delivery, and to contact you when necessary. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff.
- **Health Information Exchange.** Many facilities participate in one or more health information exchanges. A health information exchange facilitates sharing of information among health care organizations such as hospitals, clinics, and state or federal- mandated reporting organizations. The practice may also participate in a health information exchange that allows for the sharing of information between hospitals and doctors.
- **Photographs.** We may photograph patient for security and identification purposes. In certain circumstances, we may take photographs to document wounds or changes in wound healing.
- **Health Awareness Materials.** We may use your demographic information to send general health information to you to create awareness in the community of important health topics.
- **Personal Representatives.** If you have an advance directive, such as a Durable Power of Attorney for Health Care, or if a court has appointed a guardian for you, we will share information regarding your treatment with your personal representative unless we believe that the sharing of information would jeopardize your health or safety.
- **Appointment Reminders.** We may use and disclose your information to contact you as a reminder that you have an appointment for medical care. This practice includes contacting you by mail, telephone, or email.
- **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. This includes reviewing your medical information to see if you meet the criteria to be eligible to participate in clinical trials.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Email.** If you provide us with an email account, we may use that email address to contact you for any general communications, such as appointment reminders, patient reunion invitations, patient satisfaction surveys, health awareness materials, etc.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved with your medical care or payment for services, unless you inform us that you object to such disclosure. (However, you may not use such an objection to avoid payment for services by a responsible party.) We may use or disclose information about you to locate and notify your family, personal representative or other person responsible for your care that you are at the practice and your general condition. In the event of a disaster, we may disclose medical information about you to an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for records-based 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, using an Institutional Review Board (IRB). This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we disclose medical information contained in medical records to a researcher, the project will have been approved through this research approval process and the researcher will have submitted a plan to protect the confidentiality of patient information. We may also contact you about eligibility to participate in a clinical trial.

SPECIAL SITUATIONS:

- **As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law.

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **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.
- **Access by Parents.** Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the law of the state where the treatment is provided and will make disclosures following such laws.
- **Military and Veterans.** 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 workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Medical Surveillance of the Workplace.** If you are an employee who is being evaluated at the request of your employer for medical surveillance of the workplace or in relation to a work-related illness or injury, we may share information obtained from such evaluation with your employer.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report suspected child or adult 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 if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a 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 someone else involved in the dispute, but only if we receive written assurances that the party seeking your medical information has made efforts to tell you about the request or to obtain an order protecting the information requested. We may use your medical information to defend a legal action against the practice or a related legal entity.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official as follows: 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; about criminal conduct at the location of the health care practice; and 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 determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This

release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

OUR DUTIES

- We are required by law to maintain the privacy of Protected Health Information, provide you with notice of our legal duties and privacy practices, and to notify affected individuals following a breach of unsecured Protected Health Information.
- We are required to abide by the terms of the Notice of Privacy Practices currently in effect and provide you a copy of these practices.
- We will not use or share your information other than as described herein unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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. We will post a copy of the current Notice on-site. We will also provide you with an updated copy of the Notice upon request. The Notice will contain the effective date on the top of the first page.

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 authorization. If you provide us authorization to use or disclose medical 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 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 authorization, and that we are required to retain our records of the care that we provided to you.

Acknowledgement:

I acknowledge that I have received the Notice of Privacy Practices from Resolve Pain Solutions L.L.C.