

## 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.

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

<p>Get an electronic or paper copy of your medical record</p>	<ul style="list-style-type: none"> <li>You may ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.             <ul style="list-style-type: none"> <li>We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li> </ul> </li> </ul>
<p>Ask us to correct your medical record</p>	<ul style="list-style-type: none"> <li>You may ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.             <ul style="list-style-type: none"> <li>We may say “no” to your request, but we will tell you why in writing within 60 days.</li> </ul> </li> </ul>
<p>Request confidential communications</p>	<ul style="list-style-type: none"> <li>You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.             <ul style="list-style-type: none"> <li>We will say “yes” to all reasonable requests.</li> </ul> </li> </ul>
<p>Ask us to limit what we use or share</p>	<ul style="list-style-type: none"> <li>You may ask us not to use or share certain health information for treatment, payment or our operations.             <ul style="list-style-type: none"> <li>We are not required to agree to your request, and we may say “no” if it will affect your care.</li> </ul> </li> <li>If you pay for a service or healthcare item out-of-pocket in full, you may ask us not to share that information for the purpose of payment or our operations with your health insurer.             <ul style="list-style-type: none"> <li>We will say "yes" unless a law requires us to share that information.</li> </ul> </li> </ul>
<p>Get a list of those with whom we’ve shared information</p>	<ul style="list-style-type: none"> <li>You may ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.             <ul style="list-style-type: none"> <li>We will include all the disclosures except for those about treatment, payment, and healthcare operations and certain other disclosures (such as any you have asked us to make). We will provide one accounting a year free but will charge a reasonable, cost-based fee if you ask for another within 12 months.</li> </ul> </li> </ul>

## Your Rights *continued*

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Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information.
  - We will make sure the person has this authority and may act for you before we take any action.

File a complaint if you feel your rights are violated

- You may complain if you feel we have violated your rights by contacting us using the information on page 1.
- You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877.696.6775 or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
  - We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, please let us know.

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In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

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## Your Choices *continued*

In these cases we never share your information unless you give us written permission

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

Treat you	<ul style="list-style-type: none"> <li>• We can use your health information and share it with other professionals who are treating you.</li> </ul>	<i>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</i>
Run our organization	<ul style="list-style-type: none"> <li>• We can use and share your health information to run our practice, improve your care and contact you when necessary.</li> </ul>	<i>Example: We use health information about you to manage your treatment and services.</i>
Bill for your services	<ul style="list-style-type: none"> <li>• We can use and share your health information to bill and get payment from health plans or other entities.</li> </ul>	<i>Example: We give information about you to your health insurance plan so it will pay for your services.</i>

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We are required to meet certain standards of the law before we can share your information. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

Ask us to limit what we use or share

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect or domestic violence
  - Preventing or reducing a serious threat to anyone’s health or safety

## Our Uses and Disclosures *continued*

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Do research

- We may use or share your information for health research.

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Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are in compliance with federal privacy law.

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Respond to organ and tissue donation requests

- We may share health information about you with organ procurement organizations.

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Work with a medical examiner or funeral director

- We may share health information with a coroner, medical examiner or funeral director when an individual dies.

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Address workers' compensation, law enforcement and other government requests

- We may use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security and presidential protective services

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Respond to lawsuits and legal actions

- We may share health information about you in response to a court or administrative order, or in response to a subpoena.

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State law may be different than federal privacy law. Please call the Compliance Department or email us at [compliance@aispaincare.com](mailto:compliance@aispaincare.com) if you have any questions about state law. AIS does not create psychotherapy notes.



## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described without your written permission. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Effective on or after September 1, 2013. Revised on or after February 1, 2014.

## **This Notice of Privacy Practices applies to the following organizations.**

Bond Pharmacy DBA Advanced Infusion Solutions

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623 Highland Colony Parkway, Suite 100  
Ridgeland, MS 39157

Toll-Free: 877.443.4006

compliance@aispaincare.com  
www.aispaincare.com