

- E. **USES OR DISCLOSURES REQUIRED BY LAW:** We will disclose medical information about you when required to do so by federal, state or local law.
- F. **PATIENT AND THIRD PARTY PROTECTION:** Only as permitted by law, we may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
- G. **LAW ENFORCEMENT/NATIONAL SECURITY:** We may release medical information if asked to do so by a law enforcement official or in response to a court order, subpoena, warrant, summons or similar process. 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.
- H. **APPOINTMENT REMINDERS/FOLLOWUP:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail, postcards, or letters).

PATIENT RIGHTS:

- A. **ACCESS TO RECORDS:** You have the right to inspect and copy your medical and billing records. To inspect and/or to receive a copy your medical records, you must submit your request in writing to Select Pain & Treatment Centers, 1778 Plano Rd. Ste. 300, Richardson, TX 75081 or in person with proof of a valid identification.
- B. **ACCOUNTING OF CERTAIN DISCLOSURES:** Upon written request, you have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and other activities authorized by you, for the last 6 years, but not before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you a reasonable, cost-based fee. 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.
- C. **RESTRICTIONS AND ALTERNATIVE COMMUNICATIONS:** 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 the payment for your care. You also have the right to request that we communicate with you about medical matters in a certain way. For example, you can ask that we only contact you at work or by mail.
- D. **AMENDMENTS TO YOUR RECORDS:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. Such requests must be made in writing, and must explain why the information should be amended. We may deny your request under certain circumstances.
- E. **RIGHT TO A 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.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information listed below. You may also submit a written complaint with the U.S. Department of Health and Human Services.

We support your right to privacy of your health information. We will not retaliate in any way if you choose to file a complaint.

Please direct any of your questions or complaints to:

Contact: HIPAA Officer
Telephone: 972.234.4740
Address: Select Pain & Treatment Centers
7920 Beltline Road, Suite 400
Dallas, TX 75254