DEBORAH WESTERGAARD M.D.
9301 N. Central Expy, Suite 115, Dallas, Texas 75231 ph. 214 750 6200

Pain Management Solutions
Dr. Deborah Westergaard, M.D.

Effective Date: 01/01/2007

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

YOUR PRIVATE HEALTH INFORMATION (PHI)
Each time you have contact with a healthcare provider for delivery of healthcare; a record of your contact/visit is prepared. This record, maintained in written, oral or electronic format, contains presenting signs/symptoms, results of examination and tests, diagnoses, treatment and future care. Your medical record is the physical property of Pain Management Solutions, but you have certain rights to restrict some of the uses or disclosures of the information in your medical record. Pain Management Solutions, however, has the right to use and disclose the information contained in your medical record in the process of providing treatment, receiving payment and performing other regular health operations such as:

- Documenting and describing the care you received for legal purposes
- Communicating with other healthcare providers who may be involved in your care
- Educating health care professionals
- Medical research
- Providing information for government and public health entities responsible for improving public health and welfare
- Evaluating and improving the care you receive and the outcomes achieved
- Billing and verification of services provided to you
- Conducting other routine healthcare operations such as quality improvement studies and assessing healthcare provider competence

Protecting your privacy and maintaining the security of your health information is one of the most important responsibilities of Pain Management Solutions. Pain Management Solutions is required by law to maintain privacy and confidentiality of your health information, provide you with this Notice of Privacy Practices, notify you of your rights to restrict use of this restriction, and allow you to review the Notice of Privacy Practices prior to granting consent and notifying you of changes/revisions to this Notice.

EXAMPLES OF DISCLOSURE OF YOUR PHI

- Healthcare delivery and treatment:

Information obtained from you by a physician, nurse or other healthcare professional is documented in your record and used for the assessment, evaluation, diagnosis and treatment of your medical condition(s). This information is provided to other healthcare professionals, such as other physicians, specialists, physical therapists, hospital based providers and/or other healthcare providers following your treatment by Pain Management Solutions.

- Billing and payment:

Your PHI is utilized to justify the level of care delivered to you and the charges incurred for the services. This information generally accompanies the bill and is sent to our payers.

- Other healthcare operations:

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Continue: Private Healthcare Information (PHI)

Pain Management Solutions may disclose your PHI to other individuals and businesses in order for Pain Management Solutions to perform its day-to-day operations. These other individuals and businesses include business associates such as vendors and/or contractors used for billing and claims management, medical research, disease management, and quality improvement initiatives, as well as management services organizations, laboratories, other free standing diagnostic facilities and legal counsel. Pain Management Solutions requires all its business associates to agree to appropriately protect the confidentiality of your PHI.

- Reminders and Treatment:

Pain Management Solutions may contact you to provide you with information that we feel is useful or helpful to you, based on your PHI. For example, Pain Management Solutions may contact you (or instruct a specialist physician to whom you have been referred to contact you) to schedule an appointment or as an appointment reminder, to suggest alternative treatments, or to provide you with information on treatments you are already receiving.

- Other Uses and Disclosures:

Pain Management Solutions may also utilize or disclose your PHI in order to communicate with or notify family members, relatives and others responsible for your health, and funeral directors. In addition, Pain Management Solutions may disclose your PHI through other communications and reports required to be made by healthcare professionals such as the public health department, law enforcement, the Food and Drug Administration, organ procurement organizations, correctional institutions, and worker compensation, where applicable.

Other uses and disclosures of PHI not permitted or required by law will be made only with your written authorization. You may revoke your authorization at any time provided that the revocation is in writing, except to the extent that Pain Management Solutions has already taken action in reliance on your prior authorization.

YOUR RIGHTS CONCERNING PHI

Except as otherwise provided by law, you have the right to:

- receive a paper copy of this Notice of Privacy Practices if you have agreed to receive it electronically;
- receive confidential communications of PHI if a request is submitted to Pain Management Solutions in writing;
- inspect and copy PHI or records about you in a designated record set as long as the PHI is maintained in the record set;
- ask Pain Management Solutions to amend PHI or records about you in a designated record set as long as the PHI or record is maintained in the record set (Pain Management Solutions is not required to change the information if it deems it to be accurate);
- receive an accounting of disclosures of PHI (a list of the disclosures made by Pain Management Solutions about you for reasons other than treatment, payment or healthcare operations); and
- request that Pain Management Solutions restrict uses or disclosures of your PHI. Though Pain Management Solutions is not required to agree to a restriction, to the extent that it does agree with your request, Pain Management Solutions may not use or disclose the protected PHI in violation of the restriction unless the information is needed to provide emergency treatment, or is otherwise permitted or required by law.

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Continue: Private Healthcare Information (PHI)

Pain Management Solutions is required by law to abide by the terms of this Notice of Privacy Practices, allow you to review this Notice prior to granting consent, and notify you of changes/revisions to this Notice. If you believe your privacy rights have been violated, you may submit a written complaint to Pain Management Solutions or the Secretary of Health and Human Services describing in detail the manner in which you feel your privacy rights have been violated. Pain Management Solutions will not retaliate against you in any way for filing a complaint with Pain Management Solutions, or with the Secretary.

This Notice of Privacy Practices is effective as of 01/01/2007. For further information regarding PHI, please contact Office Manager, Privacy Officer or Pain Management Solutions, as (214) 750-6200.

PATIENT CONSENT FORM

Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations

I understand that as part of my healthcare, Pain Management Solutions originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment. I understand that this information is utilized to plan my care and treatment, to bill for services provided to me, to communicate with other healthcare providers and other routine healthcare operations such as assessing quality and reviewing competence of healthcare professionals.

This Notice of Privacy Practices provides specific information and complete description of how my personal health information may be used and disclosed. I have been provided a copy of or access to the Notice of Privacy Practices and understand that I have the right to review the notice prior to signing this consent. I understand that Pain Management Solutions reserves the right to change the Notice of Privacy Practices. Prior to implementation of the revised Notice will be mailed to me if I provide my address below. I understand that I have the right to restrict the use and/or disclosure of my personal health information for treatment, payment or healthcare operations and that Pain Management Solutions is not required to agree to the restrictions requested. I may revoke this consent at any time in writing except to the extent that Pain Management Solutions has already taken action in reliance on my prior consent. This consent is valid until revoked by me in writing.

[ ] I request the following restrictions and or authorizations on the use and/or disclosure of my personal health information.

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I further understand that any and all records, whether written, oral or in electronic format, are confidential and cannot be disclosed without my prior written authorization, except as otherwise provided by law.

I have been provided and have reviewed Pain Management Solutions Notice of Privacy Practices

_____ _____
Signature of Patient or Legal Representative Date

_____ _____
Witness Date

I request that changes to thie Notice be sent to me at this address:_____