**HIPAA NOTICE OF PRIVACY PRACTICES**

Paragon Pain Rehabilitation LLP (“Paragon”) is committed to maintaining the privacy of your health information. We understand that health information about you is personal. We are required by law to maintain and protect health information about you. We are required by federal law to provide you with this Notice of Privacy Practices (“Notice”) that describes how health information that we maintain about you may be used or disclosed. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

**This Notice describes how medical information may be used and disclosed and how you can get access to this information. Please review it carefully**.

**Uses and Disclosures of Your Health Information**

We are permitted to use and disclose your health information under a variety of circumstances. Some of the reasons that we may use or disclose your information include:

* For Treatment: We may use and disclose health information about you to provide you with medical treatment or services. For example, your doctor might use your name, age, possible diagnosis, and other information required to obtain laboratory testing.
* For Payment: We can use and disclose your health information to bill and get payment from you, your health insurers or other entities. For example, we may need to give your health plan information about your visit so that they will pay us or reimburse you.
* For Health Care Operations: We may use and disclose your health information for our operations. For example, we may need to use your information when in the course of quality assurance or utilization review activities. We may also combine medical information about our patients to decide what services we should offer or to see where we can make improvements..
* Use or Disclosure Required By Law. We may use or disclose your health information to the extent such use or disclosure is required by law.
* Health Agency Oversight Activities. We may disclose your health information to governmental, licensing, auditing and accrediting agencies for health oversight activities.
* Law Enforcement. We may disclose your health information for law enforcement purposes.
* To Avert a Serious Threat to Health or Safety. We may use or disclose your health information when necessary to prevent a serious threat to health or safety of a person.
* Public Health Risks: We may disclose health information about you for public health activities.
* Workers’ Compensation. We may disclose your health information to covered entities that are government programs providing public benefits and for workers’ compensation.
* To Respond to Lawsuits and Legal Actions: We may disclose your health information in response to a court or administrative order, or in response to a subpoena.
* Business Associates: We may disclose your health information with third-party vendors that provide services on our behalf, which are referred to as “Business Associates.”
* Individuals Involved in Your Care or Payment for Your Care: We may use or disclose health care information to a family member or friend involved in your care or payment for your care.
* Marketing and Sale of Health Information: We must obtain your written authorization prior to most uses of your health information for any marketing purposes or disclosures that constitute a sale of your health information.
* Appointment Reminders and Communications. We may use and disclose your health information and the contact information you provide us with to contact you with appointment reminders or other health-related communications, including via email, text message or telephone or mail. While email or text messages may not be encrypted or secure and could be intercepted in transit, we will assume you understand these risks if you provide us with your mobile telephone number or email address and that you consent to us communicating with you in this manner.

**Other Uses of Your Health Information**

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. Your written, signed authorization is required before Paragon may use or disclose health information containing psychotherapy notes, if Paragon intends to use your health information for marketing purposes, or for the sale of your health information. You may revoke this permission for any of those purposes requiring authorization, in writing, at any time. If you revoke your permission, we will no longer use or disclose health 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.

**Your Rights**

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

* Right to Inspect and Copy: You have the right to inspect and obtain a copy of your health information maintained in a designated record set. We may charge a reasonable, cost-based fee. We may require you to submit your request in writing.
* Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of health information about you other than our own uses for treatment, payment and health care operations, as those functions are described above. We will provide you one accounting of disclosures each year free of charge but will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months. We may require you to submit your request in writing.
* Right to Amend: If you feel the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our organization. We may require that you submit a request in writing and provide a reason to support the requested amendment.
* Right to Request Restrictions: You have the right to request a restriction or limitation on the health 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 health information we disclose about you to someone who is involved in your care or the payment for your care. We may require you to submit such a request in writing. Because any restrictions of your information may hinder the quality of care provided by our facility, according to the law, we reserve the right to deny such request. However, we must agree to the request for a restriction if the request involves a disclosure about your health information to a health plan (1) when the disclosure regards carrying out payment or health care operations (and is not otherwise required by law), and (2) the health information solely pertains to health care that you, or a person other than a health plan, has paid to Paragon in full.
* Right to Request Confidential Communications: You have the right to request that we communicate your health information with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
* Right to be Notified of a Breach. You have the right to be notified if there is any impermissible use or disclosure of your health information that compromises the privacy or security of your health information.
* 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.

**Changes to this Notice.**

We are required to abide by the current version of this Notice, and we reserve the right to change this Notice. The revised or changed Notice will be effective for health information we already have about you as well as any informationwe receive in the future. The new notice will be available upon request, in our office and on our website.

**Complaints**If you believe that we may have violated your privacy rights, or you disagree with a decision about your health information, you may file a complaint with us by contacting

the Privacy Officer at the address listed below or with the Secretary of the Department of Health and Human Services. You will not face retaliation for filing a complaint.

**Privacy Officer**

For further information, please contact our Privacy Officer, Karen McNerney at:

[PO Box 1200 Colleyville, TX 76034]

**Effective Date: June 15, 2022**

**PATIENT’S ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received a copy of Paragon’s Notice of Privacy Practices. The Notice of Privacy Practices provides information about how Paragon may use and disclose your health information. I understand that the Notice is subject to change.

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Name of Individual (Printed) Signature of Individual

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Signature of Personal Representative Relationship (e.g., Attorney-In-Fact, Guardian, Parent if a

 a minor)

Date Signed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_