**Notice of Privacy Practices**

**Protected Health Information**

All Patient information including but not limited to written, typed, faxed or electronic correspondence, billing, demographic and all medical records and charts will be physically and electronically protected in order to maintain patient privacy and confidentiality and to protect unauthorized access to that information.

***All Physicians and staff members will implement the following policies and procedures:***

1. All patient information will be maintained in the medical record chart and the chart will be kept in a lockable file cabinet with lockable doors with limited key access.
2. Medical charts, notes billing information, schedules and any other form of patient information will not be left within view of or accessible by unauthorized persons.
3. All Physician and staff confidential conversations regarding patients are to take place, to the maximum extent possible, only in areas that cannot be overheard by unauthorized persons.
4. Computer data integrity will be maintained with firewall and virus protection software, regular backups of information and by limited access with password protection by only authorized personnel.
5. Patient medical information, photographs or images will not be released without the written consent of the patient/representative or legal guardians. Release of information for research, educational or diagnostic purposes will require the patient’s written authorization.
6. Patient information may be released without prior consent for purposes such as: treatment, to report abuse, neglect, domestic violence, public health risks, to obtain payment for treatment, communication with family members if necessary or to report reactions to medication or products.
7. Patient’s have the right to inspect and receive a copy of their medical records and to request an amendment to their records. Although the health care provider has the right to deny inclusion of an amendment, the patient has the right to file a **“Statement of Disagreement”** which will then become part of the patient’s record.

**Patient’s at Pain Management and Injury Relief Medical Center are provided with this notice of Privacy Practices and will be asked to sign an acknowledgment that will become part of the patient’s medical records.**

**\*\*\*\*Patient Copy\*\*\***