



## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.**

At Pain Instacare / Gupta Institute for Pain, Wellness and Rehabilitation, LLC., we are committed to treating and using protected health information about you responsibly. This Notice of Privacy practices describes the personal information we collect, how and when we use or disclose that information, and your rights as they relate to your protected health information as defined by federal regulations.

### IMPORTANT WORDS

**Information:** means any information, whether oral, electronic, or on paper, which is created or received Pain Instacare / Gupta Institute for Pain, Wellness and Rehabilitation, LLC. or its associate organizations and relates to a patient's healthcare or payment for the provision of healthcare. This includes the results of tests and notes written by therapists, as well as your name, address, and telephone number.

**You:** means the patient. If you are a guardian or representative of patient, please remember we are talking about the patient's information.

### SHARING INFORMATION FOR TREATMENT, PAYMENT, HEALTHCARE OPERATIONS, AND OTHER WAYS

**Treatment:** information obtained by a therapist or other member of the health care team will be recorded in your medical record. We use and share information to provide, coordinate, or manage medical treatment or services for you. For example, we will share information with referring physician, a primary care physician and / or nurse helping you in your care.

**Payment:** Your health information may be used to seek payment. For example, a bill may be sent to you or your insurance company, Medicare, or other payers. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, dates serviced, and supplies used. We may let your health plan know about treatment that you are going to receive. We may do so to get pre-approval, or to see if your plan covers the treatment.

**Health Care Operations:** Your health information may be used as necessary to support the day-to-day activities and management of Pain Instacare / Gupta Institute for Pain, Wellness and Rehabilitation, LLC. For example, information on the services that you received may be used to support budgeting and financial reporting and to promote the quality of our services.

**Persons Involved in Your Care:** Health Care professionals, using their best judgement, may disclose to a family member, close personal friend or any other person you identify, your medical information or general condition relevant to that person's involvement in your care and/or payment to your care. If family or friends are present while care is being provided, then we will assume they may hear the discussion, unless you tell us otherwise.

**Business Associates:** We may provide your information to other persons or organizations, known as Business Associates, who provide services to Pain Instacare / Gupta Institute for Pain, Wellness and Rehabilitation, LLC under a contract. We require our Business Associates to appropriately safeguard your health information.

**Appointments:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related services that may be of interest to you.

**Public Health Reporting:** Your information may be disclosed to public health agencies as required by law.

**Workers` Compensation:** We may disclose your information as authorized by laws relating to workers` compensation or similar programs.

**Law Enforcement:** Your information may be disclosed to law-enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government –mandated reporting.

### OUR RESPONSIBILITY CONCERNING YOUR MEDICAL INFORMATION

Information about you and your health is very personal. That’s why we at Gupta Institute for Pain, Wellness and Rehabilitation, LLC. are committed to respecting and protecting your medical information. We reserve the right to change the terms of this Notice at any time. Any such changes will apply to all information we keep, even if it was collected before the change. If we revise the terms of this Notice, we will post a revised notice at Pain Instacare / Gupta Institute for Pain, Wellness and Rehabilitation, LLC. and will make paper copies of the revised Notice of Privacy Practices available upon written request.

**By, law we must:**

- Keep your information confidential, with certain exceptions described in this Notice: and
- Give you this Notice of our legal obligations and privacy practices regarding your information; and
- Follow the terms of the Notice currently in effect.

### YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights with respect to your medical information:

- You may request a paper copy of this Notice of Privacy Practices for Protected Health Information.
- You may ask us to restrict certain uses and disclosures of your medical Information.
- You have the right to receive communications from us in a confidential manner.
- You may inspect and copy your medical Information. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records.
- You may ask us to amend your medical Information. We may deny your request for certain specific reasons. If we deny your request, we will provide you with a written explanation for the denial and Information regarding further rights you may have at that point.
- You have the right to receive an accounting of disclosures of your medical information made by Pain Instacare / Gupta Institute for Pain, Wellness and Rehabilitation, LLC. during the commencement date (or following January 1, 2018), except for disclosures for treatment, Payment or healthcare operations, disclosures which authorized and certain other specific disclosures types.
- You have the right to complain to us and/or to the United States Department of Health and Human services if you believe that we have violated your privacy rights. If you choose to file a complaint, you will not be retaliated against in any way.

### HIPAA VERIFICICATION

I authorize Dr. Rajan Gupta / Staff to:

Leave voicemail messages including my personal health information on my home or cellular device. **Initial** \_\_\_\_\_

Email me regarding my personal health information and appointment information. **Initial** \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

I allow this person to receive information regarding my personal health information. **Initial** \_\_\_\_\_

The authorizations made above will remain effective until such time I notify Dr. Rajan Gupta’s office in writing of requested changes.

I also acknowledge the receipt of Notice of Privacy Practices.

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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#### **PAIN INSTACARE-Philadelphia, PA**

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#### **PAIN INSTACARE-Cherry Hill, NJ**

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#### **PAIN INSTACARE-Cherry Hill, NJ**

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