WOOSTER PAIN AND ANESTHESIA CENTER, LLC

Maher Jeffrey Zackary, MD, MB, Bch

and

Lisa Prebish, NP

WE TREAT YOU LIKE FAMILY

3373 Commerce Parkway. Suite 3
Wooster, Ohio 44691

Phone: (330) 439-4656 Fax: (888) 833-4132, (330) 601-0081
Website: Woosterpaincenter.com Email:wpac@woosterpaincenter.com

Notice of Privacy Practices

Respecting the privacy of medical information is important to us. We understand that it is personal and we are committed to protecting it. Patient records are kept in order to provide quality care and to comply with legal requirements. Please review the following carefully. It explains how we may use and disclose patient information as well as inform you of the rights of the patient/guardian.

Effective Date: May1st, 2013

Law Requires Us To:

1. Give you this notice.
2. Follow the terms of this notice now in effect.
3. Keep your medical information private and only disclose patient information based on federal regulations.

We Have The Right To:

1. Change our privacy practice and terms of this notice at any time based on the regulations.
2. These changes, when made, will be effective for all medical information we keep, including information we created before the change.

Notice of Changes to Privacy Practice:

1. When making a change in our privacy practices, we will document the change in this privacy notice. The new notice will be posted and a copy will be available upon request.

Use and Disclosure of Patient Medical Information

We will not release or disclose your information for any purpose that is not listed below unless we receive written authorization from the patient/guardian. You may revoke (in writing) any authorization at any time; please refer to the Required Authorizations section below. Also, please refer to Restrictions and Limitations, Amendments, and Confidential Communications included under the Individual Patient Rights section below.

WOOSTER PAIN AND ANESTHESIA CENTER, LLC

Maher Jeffrey Zackary, MD, MB, Bch

and

Lisa Prebish, NP

WE TREAT YOU LIKE FAMILY

3373 Commerce Parkway, Suite 3
Wooster, Ohio 44691

Phone: (330) 439-4656 Fax: (888) 833-4132, (330) 601-0081
Website: Woosterpaincenter.com Email:wpac@woosterpaincenter.com

1. **Treatment**
   We may use and disclose medical information about the patient in order to provide you with treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, referral staff, or other people who are involved in taking care of you or providing service to you. This includes all other healthcare providers involved in your care.

   Example: Your primary care physician is Dr. Kelly, but Dr. Smith is on call. Dr. Smith and his staff need access to your information to treat you.

   Example: You have an injured shoulder. Dr. Smith sends you to the Urgent Care facility. The Urgent Care referral staff needs your information to complete the referral; the Urgent Care physician and staff require your initial assessment by Dr. Smith in order to properly treat you and the Urgent Care pharmacy needs to know about allergies if providing any medications.

2. **For Payment**
   We may use and disclose medical information about the patient for payment purposes.

   Example: Your insurance company denies payment on a claim. We may send the chart notes to support the charge. The insurance company reviews the information and documentation and payment is made.

3. **For Healthcare Operations**
   We may disclose medical information about the patient to other healthcare-related operations such as: Internal and External audits, training staff, evaluating employees and physicians, and measuring quality of our services.

   Example: We wish to measure the quality of care you received from the staff. To do this, we must access your chart and review the documentation and appropriateness of treatment.

WOOSTER PAIN AND ANESTHESIA CENTER, LLC

Maher Jeffrey Zackary, MD, MB, Bch

and

Lisa Prebish, NP

WE TREAT YOU LIKE FAMILY

3373 Commerce Parkway, Suite 3
Wooster, Ohio 44691

Phone: (330) 439-4656 Fax: (888) 833-4132, (330) 601-0081
Website: Woosterpaincenter.com Email:wpac@woosterpaincenter.com

Additional Uses and Disclosures

- **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care in the office or in regard to a referral outside the office. Appointment information can be left on the answering machines, voice mail, or with another person as appropriate.

- **Test Results:** We may use and disclose medical information to contact you regarding the availability of test results.

- **Referring to Names:** We may use patient names in the waiting area, as well as throughout the office when required to identify a patient.

- **Government Functions:** Due to some government requirements, we may disclose your medical information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

- **Court Orders and Judicial Proceedings:** We may disclose your medical information in response to a court administrative order, subpoena, discovery request, or other lawful process, under most circumstances. Under limited circumstances such as a court order, warrant, or grand jury subpoena, we may be required to share your medical information with a law enforcement official in a situation involving a suspect, fugitive, material witness, crime victim, or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution.

- **Public Health:** As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration (FDA) for purposes or reporting adverse events associated with product defects or problems. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

WOOSTER PAIN AND ANESTHESIA CENTER, LLC

Maher Jeffrey Zackary, MD, MB, Bch

and

Lisa Prebish, NP

WE TREAT YOU LIKE FAMILY

3373 Commerce Parkway, Suite 3
Wooster, Ohio 44691
Phone: (330) 439-4656 Fax: (888) 833-4132, (330) 601-0081
Website: Woosterpaincenter.com Email:wpac@woosterpaincenter.com

- **Health Oversight:** We may disclose your medical information to an agency providing health oversight for audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure, or disciplinary actions or other authorized activities.

- **Victims of Abuse, Neglect, or Domestic Violence:** We may disclose your medical information to appropriate authorities if we reasonably believe that patient is a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the heath or safety of others.

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Required Authorizations

Your authorization is required in the following examples:

1. General request for the patient's medical information.
2. Request for medical information to be transferred out of our office. (Example, moving).
3. Life Insurance claim.
4. Workman's Compensation claim.
5. Any other circumstance where you are requesting disclosure of your medical information.

WOOSTER PAIN AND ANESTHESIA CENTER, LLC

Maher Jeffrey Zackary, MD, MB, Bch

and

Lisa Prebish, NP

WE TREAT YOU LIKE FAMILY

3373 Commerce Parkway, Suite 3
Wooster, Ohio 44691
Phone: (330) 439-4656 Fax: (888) 833-4132, (330) 601-0081
Website: Woosterpaincenter.com Email:wpac@woosterpaincenter.com

To give authorization: You or your parent/guardian must submit your request in writing through personal letter or by requesting, completing and submitting a form obtained from our office. The request must include patient name, date of birth, primary care physician, where records are to be sent, place where the requester can be contacted, and your or your parent/guardian's signature and date.

Payment: We have the right to request payment for copies of medical information needing to filled out by the doctor. The amount is $25.00 per page.

Availability of Medical Records: We are allowed 30 days to retrieve and provide copies of medical records that are still available within the office.

Individual Patient Rights

You have the right to:

1. **Inspect and receive a copy of medical information** that is used to make decisions about your care. See authorizations above for procedures to retrieve your patient information.
2. **Request an account disclosure.** This is a listing of disclosures that we have made of your medical information. This request must be made in writing or by calling our office and requesting a form to be completed and submitted. Your request must specify a time period, which may not be longer than six (6) years. It may include dates prior to May 15, 2013.
3. **Request restrictions or limitations on the medical information we use and disclose about you.** We are not required to agree to any restriction or limitation, but if we do, we will abide by that agreement. All requests for restrictions or limitations must be made in writing or by calling our office and requesting a form for completion and submission.
4. **Request an amendment to your medical information.** If you believe information is incorrect or incomplete you may ask to amend the information. No information can ever be removed or deleted from medical information. All requests must be made in writing or by calling our office and requesting a form for completion and submission. We are not required to agree to any amendment, but if we do, we will abide by that agreement and make reasonable efforts to tell others involved in your medical care of the change and include the change in any future sharing of information. If we deny your request, we will provide a written explanation.
5. **Request confidential communications.** You may ask that we communicate with you about certain information in certain ways or at a certain location (ex. Request that we never call work). We will accommodate all reasonable requests. The request must be made in writing or by calling our office and requesting a form for completion and submission.
6. **Request a paper copy of this Notice of Privacy Practices at any time.** Please call our office to obtain a copy.

WOOSTER PAIN AND ANESTHESIA CENTER, LLC

Maher Jeffrey Zackary, MD, MB, Bch

and

LisaPrebish, NP

WE TREAT YOU LIKE FAMILY

3373 Commerce Parkway, Suite 3
Wooster, Ohio 44691

Phone: (330) 439-4656 Fax: (888) 833-4132, (330) 601-0081
Website: Woosterpaincenter.com Email:wpac@woosterpaincenter.com

For questions about this Notice or concerns that your rights might have been violated, please contact: A formal complaint, however, must be in writing and sent to: Privacy Officer, Wooster Pain and Anesthesia Center, LLC. You may also file complaints with the Dept. of Health & Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsythe St., SW, Atlanta, GA 30303-8909 (Phone: 404-562-7886).

HIPPA PRIVACY PRACTICE ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the Notice of Privacy Practices for the Office of Wooster Pain and Anesthesia Center, LLC. Our Notice of Privacy Practices provides information. We encourage you to read it in full. Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting us at (330) 439-4656.

Patient Name: ____________________________

Patient Signature: ______________________ Date: __________________

Parent/Guardian Signature: ______________________ Date: __________________