

**READ ONLY COPIES**

(These forms to be completed in the doctor's office at time of visit)

Qing Tai, M.D., Ph.D. Center for Pain Management and Rehabilitation, LLC  
Board Certified Pain Management 635 East Main Street, Bridgewater NJ 08807  
Physical Medicine and Rehabilitation Phone: (908) 231-1131 Fax: (908) 231-1132

**Insurance Disclaimer:**

“A quote of benefits and/or authorization does not guarantee payment or verify eligibility. Payment of benefits are subject to all terms, conditions, limitations, and exclusions of the member's contract at time of service.”

**Insurance Liability for Payment:**

Your health insurance company will only pay for services that it determines to be “reasonable and necessary.” Every effort will be made by this office to have all services and procedures preauthorized by your health insurance company. If your health insurance company determines that a particular service is not reasonable and necessary, or that a particular service is not covered under the plan, your insurer will deny payment for that service.

**Beneficiary Agreement:**

I understand that my health insurance company may deny payment for the services identified above, for the reasons stated. If my health insurance company denies payment, I agree to be personally and fully responsible for payment. I also understand that if my health insurance company does make payment for services, I will be responsible for any co-payment, deductible, or coinsurance that applies.

\_\_\_\_\_ (Patient to sign and date office copy at time of visit)  
Patient's Name / Date



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**PATIENT ACKNOWLEDGEMENT**

"Notice of Privacy Practices for Physician Practices"

I (Patient to complete office copy at time of visit) (print name) acknowledge receipt of Notice of Privacy Practices:

Signature: (Patient to sign and date office copy at time of visit)

Date: (Patient to sign and date office copy at time of visit)

I (Patient to complete office copy at time of visit) (print name) authorize Center for Pain Management to speak with the following family members/physicians/individuals listed below regarding my healthcare/treatment. In the event my physician should require any medical records, I authorize Center for Pain Management to release such information via fax or mail to that physician listed below.

1. (Patient to complete office copy at time of visit)

Relationship: \_\_\_\_\_

2. (Patient to complete office copy at time of visit)

Relationship: \_\_\_\_\_

3. (Patient to complete office copy at time of visit)

Relationship: \_\_\_\_\_

4. (Patient to complete office copy at time of visit)

Relationship: \_\_\_\_\_

5. (Patient to complete office copy at time of visit)

Relationship: \_\_\_\_\_

\_\_\_\_\_  
(Patient to sign and date office copy at time of visit)

Patient's Name / Date

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### Notice of Privacy Practices for Physician Practices

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

### **II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).**

We are legally required to protect the privacy of your health information. We call this "protected health information," or "PHI" for short. It includes information that can be used to identify you and that we've created or received about your past, present, or future health condition, the provision of health care to you, or the payment for this health care. We are required to provide you with this notice about our privacy practices. It explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice. We reserve the right to change the terms of this notice and our privacy policies at any time. Any change will apply to the PHI we already have. Whenever we make an important change to our policies, we will promptly change this notice and post a new notice in the *main reception area*. You can also request a copy of this notice from the contact person listed in Section IV below at any time.

### **III. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.**

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different categories of uses and disclosures.

#### ***A. Uses and Disclosures Which Do Not Require Your Authorization***

We may use and disclose your PHI without your authorization for the following reasons:

- 1. For treatment.** We may disclose your PHI to hospitals, physicians, nurses, and other health care personnel in order to provide, coordinate, or manage your health care or any related services, except where PHI is related to HIV/AIDS, genetic testing, or federally funded drug or alcohol abuse treatment facilities, or where otherwise prohibited pursuant to State or Federal law. For example, we may disclose PHI to a pharmacy to fill a prescription, or to a laboratory to order a blood test.
- 2. To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing staff and your health plan to get paid for the health care services we provided to you. We may also disclose patient information to another provider involved in your care for the other provider's payment activities. For example we may disclose your demographic information to anesthesia care providers for payment of their services.
- 3. For health care operations.** We may disclose your PHI, as necessary, to operate this facility and provide quality care. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.
- 4. When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement.** For example, we may disclose PHI when a law requires that we report information to the government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot or other wounds; for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; or when subpoenaed or ordered in a judicial or administrative proceeding.
- 5. For public health activities.** For example, we may disclose PHI to report information about birth, deaths, various diseases, adverse events and product defects to government officials in charge of collecting that information; to prevent, control, or conduct public health surveillance, investigations and interventions as permitted or required by law; or to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
- 6. For health oversight activities.** For example, we may disclose PHI to assist the government or other health oversight agency with activities including audits; civil, administrative, or criminal investigations, proceedings or actions; or other activities necessary for appropriate oversight as authorized by law.
- 7. To coroners, funeral directors, and for organ donation.** We may disclose PHI to organ procurement organizations to assist them in organ, eye, or tissue donations and transplants. We may also provide coroners, medical examiners, and funeral directors necessary PHI relating to an individual's death.
- 8. For research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research.
- 9. To avoid harm.** In order to avoid a serious threat to the health or safety of you, another person, or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

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10. **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. We may also disclose PHI for national security and intelligence activities.

11. **For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.

12. **Appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer. Please let us know if you do not wish to have us contact you for these purposes, or if you would rather we contact you at a different telephone number or address.

### **B. Uses and Disclosures Where You to Have the Opportunity to Object:**

1. **Disclosures to family, friends, or others.** We may provide you PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part.

**C. All Other Uses and Disclosures Require Your Prior Written Authorization.** Other than as stated above, we will not disclose your PHI without your written authorization. You can later revoke your authorization in writing except to the extent that we have taken action in reliance upon authorization.

**D. Incidental Uses and Disclosures.** Incidental uses and disclosures of information may occur. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. However, such incidental uses or disclosures are permitted only to the extent that we have applied reasonable safeguards and do not disclose any more of your PHI than is necessary to accomplish the permitted use or disclosure. For example, disclosures about a patient within the office that might be overheard by persons not involved in your care would be permitted.

## **IV. WHAT RIGHT YOU HAVE REGARDING YOUR PHI.**

You have the following rights with respect to your PHI;

**A. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to request in writing that we limit how we use and disclose your PHI. You may not limit the uses and disclosures that we are legally required to make. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. Under certain circumstances, we may terminate our agreement or restriction.

**B. The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, via e-mail instead of regular mail). We must agree to your request so long as we can easily provide it in the manner you requested.

**C. The Right to See and Get Copies of Your PHI.** In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request a copy of your information, we may charge you a reasonable fee for the costs of copying, mailing or other costs incurred by us in complying with your request. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

**D. The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of the instances in which we have disclosed your PHI. The list will not include uses or disclosures made for purposes of treatment, payment, or health care operations, those made pursuant to your written authorization, or those made directly to you or your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or prior to April 17, 2003.

We will respond within 60 days of receiving your written request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide one (1) list during any 12-month period without charge. Subsequent requests may be subject to a reasonable cost-based fee.

**E. The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request, in writing, that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond to your request within 60 days of receiving your request in writing. We may deny your request if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to have your request and our denial attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you we've done it, and tell you what you need to know about the change in your PHI.

## **V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.**

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint to the Secretary of the Department of Health and Human Resources at 200 Independence Ave., S. W.; Room 615F; Washington DC 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices.

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**VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.**

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Resources, please contact: *Our Office @ 908-231-1131*

**VII. EFFECTIVE DATE OF THIS NOTICE**

This notice is effective July 18, 2005.

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