

# Health Insurance Portability and Accountability Act (HIPAA)

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Complete Pain Care, LLC (“CPC”, “Complete Spine and Pain Care”, “CSPC”, “we”, “us”, or “our” which includes our affiliate Boston Applied Biologic LLC, “BAB”) adheres to the requirements outlined by the Health Insurance Portability and Accountability Act (HIPAA), which ensures security and privacy of an individual's medical records and promotes privacy and trust between patients and their health care providers.

As part of HIPAA requirements, all new patients seeing their health care provider upon their initial visit are required to sign an acknowledgement form to indicate that they have received our **Notice of Privacy Practices**. The Privacy Notice describes how we use and share your personal health information.

## Notice of Privacy Practices

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### Your Information.

### Your Rights.

### Our Responsibilities.

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.**

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. You may also ask for your test results directly from the labs where your tests are done. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- If your request is denied, we will explain the reasons and tell you what your rights are.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

### Ask us to limit what we use or share

- You can ask us **not** to use or share (outside of CPC) certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we have the option to say “no.”

- If you pay for a service or health care item out-of-pocket in full, you have the right to ask us not to share that information for the purpose of payment or our operations with your health insurer.

#### **Choose someone to act for you**

- If you are unable to make health care decisions for yourself and have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we allow them to make decisions for you.

#### **Get a list of those with whom we've shared information (outside of CPC)**

- You can ask for a list (accounting) of the times we have shared your health information during the six years prior to the date you request an accounting. We will respond to your request within 60 days.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this Privacy Notice**

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will promptly provide you with a paper copy.

#### **Ask us to correct your medical record**

- You can ask us to correct health or billing information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, for example, if your provider feels that the information currently in your record is complete and accurate. If we deny your request, we'll tell you why in writing within 60 days.
- If we agree to your request, we will ask you to give us the names of the people you want to receive the corrected information.

#### **File a complaint if you feel your privacy rights are violated**

- You can complain if you feel we have violated your privacy rights by contacting us at Complete Pain Care 508-665-4344 extension 422 or by emailing [compliance@completepaincare.com](mailto:compliance@completepaincare.com).
- We will not retaliate against you for filing a complaint.

## **Your Choices.**

#### **For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. We will treat you the same no matter what choices you make.

#### **In these cases, you have the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory (information desk). If you are admitted to the hospital, your name, room location, general condition, and religion may be listed in that hospital's directory. This will be shared with members of your family, friends, members of the clergy, and to others who ask for you by name. You may ask to have your name taken off the directory list.
- We may use your information for fundraising to support our mission of excellence, but you can tell us not to contact you again. Information we may use is limited to demographic or other information allowed by law (such

as name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information, or outcome information).

**In the following cases we *never* share your information unless you give us written permission:**

- Marketing purposes.
- Sale of your information.

## **Our Uses and Disclosures**

**How do we typically use or share your health information?**

We have developed a shared electronic medical record for patient care that is used by:

- All of our health care providers, and internal staff
- Certain other hospitals, outpatient centers, and physicians.

We participate in health information exchanges (HIEs), including the Massachusetts Health Information Highway (Mass HIway), and uses HIEs as a method to share, request, and receive electronic health information with other health care organizations.

**We typically use or share your health information in the following ways:**

**Treat you.**

We can use your health information and share it with other professionals who are treating you both inside and outside of Complete Pain Care.

**Run our organization.**

We can use and share your health information to run our hospitals or physician practices, improve your care, and contact you when necessary.

**Bill for your Services.**

We can use and share your health information to bill and get payment from health plans or other entities.

**Contact you.**

We may use your health information to contact you:

- At the address and telephone numbers you give to us including leaving messages at the telephone numbers
- With information about patient care issues, treatment choices, and follow-up care instructions
- With information that may be of interest to you which describes a health-related product or service that we provide
- At the e-mail address or other contact information you provide to assist us in activities described in this Notice

**How else can we use or share your health information?**

We are allowed or required to share your information without your authorization in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. The following are examples of how we may share information without your authorization.

**Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Perform research**

We can share health information about you for research that is approved by a Research Committee or its designee when written permission is not required by federal or state law. This also may include preparing for research or telling you about research studies in which you might be interested

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes under specific conditions such as reporting when someone is the victim of a crime
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security and presidential protective services

### **Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena

### **When do we need your written permission before sharing your health information?**

We will not share your health information for other purposes not described in this Notice unless you give us your written permission. We are also restricted by state and other federal laws from sharing without your written permission certain types of health information that is considered highly sensitive.

### **Generally, we will ask for your consent before we share certain sensitive information such as:**

- Records of treatment received at federally funded substance use disorder programs
- Certain psychotherapy documentation
- HIV testing or test results
- Genetic information
- Confidential communications with a Licensed Social Worker
- Records from a Domestic Violence Victims Counselor or Sexual Assault Counselor

Laws that protect this information do have many exceptions. For instance, we may share your health information without your consent if necessary to report suspected child or elder abuse or neglect, and for other purposes as allowed by law.

You may cancel an authorization or consent at any time in writing or, in certain limited situations, orally, except if we have already relied upon it. For example, if we already shared your health information with someone whom you previously gave us written permission, we cannot get it back.

## **Our Responsibilities**

We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

- We must follow the duties and privacy practices described in this Notice and offer you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We maintain hospital medical records for at least 20 years after your discharge or after your final treatment; other records are maintained in accordance with state and federal regulations.

**HIPAA expressly allows using health information to create de-identified information.**

The privacy principles described above do not apply to de-identified information. Health information is considered de-identified if (i) it does not identify an individual and (ii) there is no reasonable basis to believe it can be used to identify an individual. HIPAA does not restrict the use or disclosure of de-identified information. It is our practice to use and/or disclose de-identified information where doing so is consistent with the role of an academic medical center engaged in biomedical research and education

**How do we use de-identified information?**

We use de-identified information to support our patient care, biomedical research and education activities, some of which are conducted in collaboration with other academic institutions, foundations, organizations, government agencies, and commercial entities here in the U.S. and internationally. The de-identified information is also used to help us improve treatment options, reduce costs of care, improve administration of our health care operations, and advance public health initiatives.

**Changes to the Terms of This Notice**

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request in registration areas, on our web site at **PRIVACY PAGE LINK** or you can request a copy by contacting us at Complete Pain Care 508-665-4344 extension 422 or by emailing [compliance@completepaincare.com](mailto:compliance@completepaincare.com).

**EFFECTIVE DATE OF THIS NOTICE** This Notice is effective as of January 02, 2025\

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**Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement: Discrimination is Against the Law**

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, citizenship, alienage, religion, creed, sex, pregnancy, sexual orientation, gender identity, age, or disability. We do not exclude people or treat them differently because of race, color, national origin, citizenship, alienage, religion, creed, sex, pregnancy, sexual orientation, gender identity, age, or disability.

If you believe that we have discriminated in another way on the basis of race, color, national origin, citizenship, alienage, religion, creed, sex, pregnancy, sexual orientation, gender identity, age, or disability, you can file a grievance by mail or fax, using the information to Compliance Officer, Complete Pain Care, 600 Worcester Rd, Ste 301, Framingham, MA 01702 or calling Complete Pain Care 508-665-4344 extension 422 or by emailing [compliance@completepaincare.com](mailto:compliance@completepaincare.com).