

# HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date February 16, 2026

Pain Management Associates  
825 North Hillside Suite 200  
Wichita, Kansas 67214

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. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT

Privacy Officer  
Renee Schott RN  
316-733-9393  
Fax- 877-892-9679

This notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, and treatment, a plan for your future care or treatment, and billing-related information. Such records are necessary for the healthcare provider to provide you with quality care and comply with certain legal requirements.

We are committed to protecting the confidentiality of our records containing information about you. This notice applies to all records of your care created or received by Pain Management Associates. Other healthcare providers from whom you obtain care and treatment may have different policies or notices regarding the use and disclosures of your health information created or received by that provider. Also, health plans in which you participate may have different policies or notices concerning information they receive about you.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclose of information.

We are required by law to maintain the privacy of your health information; give you this notice of our legal duties and privacy practices and make a good faith effort to obtain your acknowledgement of receipt of this notice; and follow the terms of the notice that is currently in effect.

1. **Uses and Disclosures of Protected Health Information:** Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay our health care bills, to support the operation of the physician's practice, and any other use required by law.
2. **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
3. **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant

protected health information be disclosed to the health plan to obtain approval for the hospital admission.

4. **Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of our physician's practice. These activities include, but are not limited to quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we will call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include; as required by Law, Public Health issues as required by law, Communicable Diseases; Health Oversight; Abuse and Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners, Funeral Directors, and Organ Donation; Research; Criminal Activity; Military activity and National Security; Workers' Compensation; Inmates; Required Uses and Disclosures; Under the Law, we must make disclosures to you and when required by the Secretary of The Department of Health and Human Services to investigate or determine our Compliance with the requirements of Section 164.500.

5. Other Permitted and Required Uses and Disclosures will be made only with your consent unless required by law.
6. You may revoke this authorization at any time in writing, except to the extent that your physician or the physician's practice has taken action in reliance on the use or disclosure indicated in the authorization.
7. You have the right to inspect and copy your protected health information. Under Federal Law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.
8. You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health care information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If physicians believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

9. You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.
10. You may have the right to have your physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
11. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.
12. **Special Protections for Substance Use Disorder Records:** "Certain health information we maintain, specifically records regarding substance use disorder (SUD) diagnosis, treatment, or referral, is protected by federal law under **42 CFR Part 2**. These records receive a higher level of protection than other types of health information. We will not use or disclose these records without your written consent, except as specifically permitted by **42 CFR Part 2**."

13. **Restrictions on Legal Proceedings:** "Your SUD records, or testimony relaying the content of such records, shall **not** be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you unless:  
You provide specific written consent for such use; or  
a court issues an order that meets the requirements of **42 CFR Part 2.**"

**Notice of Rediscovery:** "Information disclosed with your consent may be subject to **rediscovery** by the recipient and may no longer be protected by federal privacy rules. However, for records protected by **42 CFR Part 2**, the recipient is generally prohibited from making further disclosures of your SUD records without your express written consent or as otherwise permitted by law."

**Single Consent for Treatment, Payment, and Operations (TPO):** "If you provide a single written consent for the disclosure of your SUD records for **treatment, payment, and health care operations**, we may use and disclose those records for these purposes as permitted by HIPAA. This consent may be revoked at any time, except to the extent that we have already acted in reliance on it."

#### **Other Permitted and Required Uses and Disclosures**

We may also use and disclose your personal health information in the following instances:

- As required by law.
- For public health activities.
- To report abuse, neglect, or domestic violence.
- For health oversight activities.
- In response to legal proceedings.
- To law enforcement officials.
- To coroners, medical examiners, and funeral directors.
- For research purposes.
- To prevent a serious threat to health or safety.
- For specialized government functions.
- For workers' compensation.

#### **Your Rights**

You have the following rights regarding your personal health information:

- The right to inspect and copy your personal health information.
- The right to request a restriction on the use or disclosure of your personal health information.
- The right to request to receive confidential communications.
- The right to request an amendment to your personal health information.
- The right to receive an accounting of certain disclosures.
- The right to obtain a paper copy of this notice.

#### **Changes to This Notice**

We reserve the right to change the terms of this Notice of Privacy Practices and to make the new notice provisions effective for all personal health information that we maintain. If we make material changes to our privacy practices, we will make the revised Notice available to you upon request and post it in our facility and on our website.

#### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.