NOTICE OF PRIVACY PRACTICES

Effective Date: September 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR PRIVACY RIGHTS, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. [hhs.gov], [ecfr.gov]

Our Commitment to Your Privacy

Our practice is committed to protecting the privacy and confidentiality of your medical information. We are required by law to maintain the privacy of your protected health information ("PHI"), provide you with notice of our legal duties and privacy practices, and comply with the terms of this Notice currently in effect. [hhs.gov], [ecfr.gov]

This Notice applies to all records created or maintained by **Pacific Pain Medicine Consultants & Pacific Surgery Center**, including records maintained in electronic and paper form.

How We May Use and Disclose Your Health Information

Treatment

We may use and disclose your health information to provide, coordinate, or manage your healthcare and related services.

Examples include:

- Consulting with physicians, specialists, pharmacies, hospitals, laboratories, and imaging facilities.
- Referring to other healthcare providers.
- Coordinating treatment among members of your healthcare team.

Payment

We may use and disclose health information to obtain payment for healthcare services.

Examples include:

- Billing your insurance carrier.
- Determining eligibility or coverage.

- Obtaining prior authorization.
- Collecting outstanding balances.

Healthcare Operations

We may use and disclose your information to support our business activities and improve patient care.

Examples include:

- Quality assessment and improvement activities.
- Staff training and education.
- Credentialing and licensing activities.
- Business planning, management, and compliance reviews.

These uses and disclosures are permitted by federal law without additional authorization. [hhs.gov], [ecfr.gov]

Other Uses and Disclosures Permitted by Law

We may disclose your medical information without your written authorization when required or permitted by law, including:

- Public health reporting
- Reporting abuse or neglect
- Health oversight audits and investigations
- Judicial and administrative proceedings
- Law enforcement requests
- Workers' compensation claims
- Organ and tissue donation
- Coroners, medical examiners, and funeral directors
- Serious threats to health or safety
- Military and national security activities

Certain disclosures may also be required under California law. [california…public.law], [hhs.gov]

Uses Requiring Your Written Authorization

Except as otherwise permitted or required by law, we will obtain your written authorization before:

- Releasing information to third parties not involved in your care.
- Using or disclosing information for marketing purposes.
- Selling protected health information.
- Other uses and disclosures not described in this Notice.

You may revoke an authorization at any time in writing, except to the extent we have already relied upon it. [hhs.gov], [hipaajournal.com]

Your HIPAA Privacy Rights

You have the right to:

Inspect and Receive Copies of Your Medical Records

You may request access to your medical records and obtain copies as permitted by law. [hhs.gov]

Request an Amendment

If you believe information in your medical record is incorrect or incomplete, you may request that we amend the record. [hhs.gov]

Request Restrictions

You may request restrictions on certain uses or disclosures of your health information. While we are not required to agree to every request, we will comply when required by law. [hhs.gov]

Request Confidential Communications

You may request that we communicate with you in a certain way or at a specific location to protect your privacy. [oag.ca.gov], [hhs.gov]

Receive an Accounting of Disclosures

You may request a list of certain disclosures of your health information made by our practice. [hhs.gov]

Receive a Paper Copy of this Notice

You have the right to receive a paper copy of this Notice at any time, even if you have agreed to receive it electronically. [hhs.gov]

Receive Notification of a Breach

You have the right to be notified in the event of a breach involving your unsecured protected health information. [hhs.gov]

Additional California Privacy Rights

California law may provide greater privacy protections than federal law. Our practice complies with both HIPAA and California privacy laws, including the Confidentiality of Medical Information Act (CMIA). [california...public.law], [california...public.law]

Additional Protection of Medical Information

California law generally prohibits healthcare providers from disclosing medical information without patient authorization unless the disclosure is specifically permitted or required by law. [california...public.law]

Confidential Communications

You have the right to request that communications regarding your healthcare, appointments, billing statements, test results, and other medical information be sent through alternative means or to alternative locations. Our practice will accommodate reasonable requests as required by California law. [oag.ca.gov]

Sensitive Health Information

California law provides enhanced protections for certain health information, including:

- Mental health treatment records
- HIV/AIDS-related information
- Substance use disorder treatment records
- Genetic testing information

- Reproductive and sexual healthcare information

Additional authorizations may be required before disclosure of certain protected information unless otherwise permitted by law. [oag.ca.gov], [california...public.law]

Non-Discrimination and Non-Retaliation

You will not be denied treatment or otherwise retaliated against for exercising your privacy rights or filing a complaint regarding the privacy of your health information. [hhs.gov], [oag.ca.gov]

Patient Communication Consent

To facilitate your care, we may contact you regarding:

- Appointment reminders
- Scheduling changes
- Treatment recommendations
- Test and procedure results
- Prescription refill reminders
- Insurance and billing matters
- Outstanding balances
- Other health-related communications

By providing your contact information and selecting communication preferences, you authorize our office to contact you using the methods selected above regarding your healthcare and account information. Standard messaging and data rates may apply.

You may revoke or modify your communication preferences at any time by notifying our office in writing.

Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your health information.
- Provide you with this Notice.

- Abide by the terms of this Notice currently in effect.
- Notify affected individuals following a reportable breach of unsecured protected health information.
- Comply with applicable federal and California privacy laws. [hhs.gov], [california...public.law]

We reserve the right to amend this Notice. Any revised Notice will apply to all health information we maintain and will be made available upon request and on our website, if applicable. [hhs.gov]

Questions or Complaints

If you have questions about this Notice or believe your privacy rights have been violated, contact:

Privacy Officer: CANDACE IRONS

Practice Name: PACIFIC PAIN MEDICINE CONSULTANTS & PACIFIC SURGERY CENTER

Business Office Address: 477 N El CAMINO REAL, SUITE B301, ENCINITAS, CA 92024

Phone: (760) 753-1104

Email: INFO@PACIFICPAINMED.COM

You may also file a complaint with:

U.S. Department of Health and Human Services, Office for Civil Rights [hhs.gov]

or

California Department of Public Health, as applicable. [oag.ca.gov]

You will not be retaliated against for filing a complaint. [hhs.gov], [oag.ca.gov]

Notice Revision Date: October 13, 2026