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## NOTICE OF PRIVACY PRACTICES

Trident Pain Center is committed to protecting your health information. This notice describes how medical information collected by Trident Pain Center may be used and disclosed. This notice describes your rights as they relate to your protected health information and how you may access this information. **Please review carefully.**

**Protected Health Information (PHI) includes but is not limited to name, address, Social Security number, date of birth, treatment, diagnosis, history, and insurance information.** We will use and/or disclose this information for the purpose of daily healthcare operations, treatment, payment of services, appointment reminders, public health reporting, law enforcement, teaching and training. Any other disclosures not listed above will require your written consent. Psychological information will **not** be released under any circumstances. The request for this type of information must be made to the Psychologist with whom the notes originated. Protected Health Information shared by phone includes but is not limited to appointment confirmations, prescription notifications, balance due information, messages requesting a return phone call.

You will be required to sign a release authorizing disclosure of this information prior to your initial visit at Trident Pain Center. You will also be required to maintain a current disclosure release as long as you are receiving treatment from Trident Pain Center.

### **Patients have the right to:**

- Request restrictions to Protected Health Information (must be in writing)
- Receive confidential communication (must be in writing)
- Inspect and copy Protected Health Information (\$15.00 charge for copies)
- Amend or submit corrected information about Protected Health Information (must be in writing)
- Receive an accounting of disclosures and uses (1 free copy per year)
- Receive a paper copy of this notice

Trident Pain Center is required by law to maintain the privacy of Protected Health Information and to provide this notice of legal duties and privacy practices. Trident Pain Center is required to abide by the terms of this notice and privacy practices. We are required to notify you if we are unable to agree with a request for restriction or amendments.

### **Concerns and complaints regarding privacy practices may be addressed to:**

**J. Edward Nolan, MD**  
Medical Director  
(843) 797-3636

**Amy McIntire**  
HIPAA Officer  
(843) 797-3636 ext. 206

**Office for Civil Rights**  
US Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

Trident Pain Center reserves the right to make changes to its notice and provisions by revising this document based on office policy changes and/or State and Federal Law requirements. You will be notified in writing of any changes at your next scheduled office visit.

**Adopted into practice 04/01/2003**

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main: 843.797.3636 fax: 843.797.3637 | [tridentpaincenter.com](http://tridentpaincenter.com)

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**North Charleston: 9267 Medical Plaza Drive, North Charleston, SC 29406**  
**Moncks Corner: 108 North Hwy. 52, Moncks Corner, SC 29461**  
**Walterboro: 302 Medical Park Drive, Ste. 207-A, Walterboro, SC 29488**

**Patient Acknowledgement From**  
**Notice of Privacy Practices**

I verify I have received a copy of Trident Pain Center's Notice of Privacy Practices.

Patient Name (Please Print) \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_