

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW PROTECTED HEALTH 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 of Privacy Practices, please contact our Privacy Officer, by telephone at (336) 714-6400 or in writing to:

Advanced Interventional Pain Management, PA
Attention: Privacy Officer
160 Kimel Forest Drive, Suite 100
Winston-Salem, NC 27103

This Notice of Privacy Practices ("Notice") describes how we may use and disclose your Protected Health Information ("PHI") to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. This notice applies to all of the records of your care and billing for care that are created by Advanced Interventional Pain Management, PA ("AIPM").

WE MUST PROTECT YOUR PHI.

We are required by law to:

- Maintain the privacy of your PHI and notify you in the event of a breach if the breach poses a significant risk of financial, reputation or other harm to you;
- Provide you with this Notice of Privacy Practice describing our legal duties and privacy practices with respect to your PHI;
- Abide by the terms of this Notice of Privacy Practices;
- Notify you if we are unable to agree to a requested restriction on how your PHI is used or disclosed;
- Accommodate reasonable requests you make to communicate PHI by alternate means or to alternative locations; and
- Obtain your written authorization to use or disclose your PHI for reasons other than those listed in this Notice of Privacy Practice and permitted by law.

We may change the terms of our Notice at any time. The new notice will be effective for all PHI that we maintain at that time. You may obtain a copy of our revised Notice by accessing our website at www.aipmnc.com, calling the Privacy Officer and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment.

HOW WE MAY USE AND DISCLOSE YOUR PHI.

The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. We will also disclose PHI to other physicians who may be treating you. For example, your PHI 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. In addition, we may disclose your PHI from time-to-time to another physician or health care provider (e.g. a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment: We may use and disclose PHI about you so that the treatment and services you receive at AIPM may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about a procedure to be performed by us so that your health plan will pay us or reimburse you for the cost of the procedure. We may also tell your health plan about a procedure that you are going to receive, to obtain prior approval or to determine whether your health plan will cover the costs of the procedure. As further described below, we must agree to your request to restrict disclosure of PHI to your health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and the PHI pertains solely to a health care item or service for which you, or someone other than your health plan, paid out of pocket in full.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the healthcare operations of our practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI about many patients to decide what additional services our practice should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning the identities of specific patients.

In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We will leave a message for you at any telephone number you give us stating the time of the appointment and the name of the person with whom you have the appointment unless we have agreed in writing to your written request to handle

appointment reminders differently. We will share your PHI with third party "business associates" that perform various activities (e.g., billing, computer services) for AIPM. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI. We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you. We do not "sell" your PHI to other individuals or companies.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT:

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your PHI in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your PHI to treat you.

Communication Barriers: We may use and disclose your PHI if your physician or another physician in the practice attempts to obtain consent from you, but is unable to do so due to substantial communication barriers, and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Individuals Involved in the Payment for Your Care (Spouse or other Responsible Party):

We may disclose PHI to someone who helps pay for your medical care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT:

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Required by Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, and to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena or other lawful process.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Law Enforcement: We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes included: (1) legal processes and other required by law, (2) limited information requests for identification and location purposes, (3) information pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency in which it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility, and your physician created or received your PHI in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and, when required, to the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of CFR Section 164.

Minors: A parent, guardian or other person with authority to act in loco parentis has authority to have access to and decide the use and disclosure of PHI concerning a minor patient except when (1) a custody order or agreement provides otherwise, (2) a court order provides otherwise, (3) there is a reasonable basis to suspect abuse or neglect of the minor and providing such information or authority to the parent, guardian or other person acting in loco parentis is reasonably believed to present a risk of injury or harm to the minor, (4) the minor has the right to obtain health care on his or her own behalf as is permitted under State law or other applicable law, and the consent of the parent, guardian or other person with authority to act in loco parentis is not required under State law or other applicable law, and (5) when, and to the extent that, the parent, guardian or other person acting in loco parentis agrees that the minor and the health care provider may have a confidential relationship.

USES AND DISCLOSURES OF PHI BASED UPON YOUR WRITTEN AUTHORIZATION:

The following uses and disclosures will be made only with your written authorization, unless otherwise permitted or required by law.

Uses and disclosures of your PHI not described in this Notice of Privacy Practices;

Most uses and disclosures of psychotherapy notes;

Uses and disclosures for marketing purposes; and

Uses and disclosures that constitute a sale of your PHI.

You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

YOUR RIGHTS REGARDING YOUR PHI

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your PHI. You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your physician or the practice use for making decisions about you. 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 PHI that is subject to law that prohibits access to PHI.

We may deny your request to inspect and/or copy in certain limited circumstances.

Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your PHI. You have the right to request a restriction of your PHI. Even though all disclosures we make are minimally necessary, you have the right to request a restriction or limitation on the medical information we disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care.

Except as provided in this Notice, we are not required to agree to a restriction that you may request. If we agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. If we disclose your PHI for emergency treatment, we must request that the healthcare provider receiving your information not further use or disclose the information. With this in mind, please discuss any restriction you wish to request with your health provider. You may request a restriction by making your request in writing to our Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

We must agree to your request to restrict disclosure of PHI to your health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and the PHI pertains solely to a health care item or service for which you, or someone other than your health plan, paid out of pocket in full.

We may terminate a restriction requested by you if you agree to or requests the termination in

writing. We may also terminate a restriction if you orally agree to the termination and the oral agreement is documented by us.

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 request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable request. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You may have the right to have us amend your PHI. You may have the right to have your physician amend your PHI. You may request an amendment of PHI about you in records we maintain. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and you have the right to file a complaint. Please contact our Privacy Officer if you have questions about amending your records.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003 up to a six year period. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this Notice of Privacy Practices from us. You have a right to obtain a paper copy of this Notice upon request. You may ask us for a copy of this Notice by contacting the Privacy Officer.

Complaints. You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us in writing to our Privacy Officer. We will not refuse to treat you if you file a complaint.

You may contact our Privacy Officer at 336-714-6400 or visit our website at www.aipmnc.com for further information about the complaint process.

Changes to this Notice of Privacy Practices. We may change the terms of our Notice of Privacy Practices at any time. The new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by calling or writing our Privacy Officer and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

This Notice of Privacy Practices was published and became effective on March 1, 2013.