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**KINSTON REGIONAL PAIN CENTER, PLLC**  
**NOTICE OF PRIVACY PRACTICES**

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully. If you have any questions about this notice, please contact the Privacy Officer at 252-208-7784.**

**Effective date: 01-20-2020**

**Revised: 01-16-2023**

**We are committed to protect the privacy of your personal health information (PHI).** This Notice of Privacy Practices (Notice) describes how we may use within our practice or network and disclosed (share outside of our practice or network) your PHI to carry out treatment, payment or health care operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control of your PHI.

We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice.

We may change our Notice, at any time. Any changes will apply to all PHI. A copy of our policy will be posted in our office and available on our website [www.krpain.com](http://www.krpain.com) for your review.

**Uses and Disclosures of Protected Health Information**

**We may use or disclose (share) your PHI to provide health care treatment for you.**

Your PHI 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.

We may also share your PHI with people outside of our practice that may provide medical care for you such as home health agencies.

**We may use and disclosure PHI to obtain payment for services. We may provide your PHI to others in order to bill or collect payment for services. There may be services for which we share information with your health plan to determine if this service will be paid for.**

PHI may be shared with the following:

- Billing companies
- Insurance companies, health plans
- Government agencies in order to assist with qualifications of benefits
- Collection agencies

**You have the right to see and obtain a copy of your protected health information.**

**You have the right to request a restriction of your protected health information.**

You may request for this practice not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. We are not required to agree with these requests. If we agree to a restriction request we will honor the restriction request unless the information is needed to provide emergency treatment.

**There is one exception:** We must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket in full for a service or product unless it is otherwise required by law.

**You have the right to request for us to communicate in different ways or in different locations.**

We will agree to reasonable request.

**You may have the right to request an amendment of your health information.**

You may request an amendment of your health information if you feel that the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have an opportunity to disagree.

**You have the right to a list of People or organizations who have received your health information from us.**

- **You have the right to obtain a paper copy of this notice form, upon request. We will provide you a copy of this Notice the first day we treat you at our facility. In an emergency situation we will give you this Notice as soon as possible.**
- **You have a right to receive notification of any breach of your protected health information.**

**Complaints:**

If you think we have violated your rights or you have a complaint about our privacy practices you can contact our privacy officer at 252-208-7784.

You may also complain to the United States Secretary of Health and Human services if you believe your privacy rights have been violated by us.

If you file a complaint we will not retaliate against you for filing a complaint.

This notice was published and becomes effective on 01/01/2020 or date practice adopted this Notice.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

