

# Clearwater Pain Management Associates

430 Morton Plant Street, Ste. 210

Clearwater, FL 33756

Ph:(727)-446-4506-- F:(727)- 446-4695

Edward Chen, MD

Diplomate, American Board of Anesthesiology  
Board Certified in Pain Management

Demetrios Kaiafas, MD

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7800 66 Street North, Ste.202

Pinellas Park, FL 33781

P:(727)-431-7737 -- F:(727)-431-3718

Anil Ladhani, MD

Diplomate, American Board of Anesthesiology  
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## Notice of Privacy Practices

### Uses and Disclosures

**Treatment:** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment:** Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

**Law Enforcement:** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

**Public Health Reporting:** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

**Other Uses and Disclosures Require Your Authorization:** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

### Additional Uses of Information

**Appointment Reminders:** Your health information will be used by our staff to send you appointment reminders and provide information to you regarding your medical condition.

### **Individual Rights**

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

### **Clearwater Pain Management Associates Duties**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

### **Right to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will

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provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

## **Requests to Inspect Protected Health Information**

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Carmele Olivo, Office Manager, or Dr. Chen, Medical Director. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

## **Patient Portal**

Patients have access to their medical information through our patient portal system. We invite our patients to actively participate in their care with access to their health information. Registering through our office, patients are provided with a passcode to gain access to their health information. Once on the patient portal site, patients will change their passcode to a unique and continued secure access.

## **Complaints**

If you believe your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to:

### **Carmele Olivo – Office Manager**

Clearwater Pain Management Associates

430 Morton Plant Street, Suite 210

Clearwater, Florida 33756

You will not be penalized or otherwise retaliated against for filing a complaint.

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Patient Signature

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Date