

# Notice of Privacy Practices

***This Notice applies to all clinics and ambulatory surgery centers operated by Advanced Pain Medical Group and its affiliated providers in the State of California.***

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

## Your Rights

You have the right to:

- Get a copy of your medical record
- Correct your medical record
- Request confidential communications
- Ask us to limit what we use or share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

You have some choices in the way that we use and share information as we:

- Share information with your family and friends, or others involved in your care
- Share information in a disaster relief situation
- Include you in a facility directory

## Our Uses and Disclosures

We typically use or share your health information in the following ways:

- To treat you, run our organization, or bill for your services

We have to meet many conditions in the law before we can share your information for these purposes, including:

- Public health and safety issues or research
- Responding to organ and tissue donation requests
- Working with medical examiners or funeral directors
- Addressing workers' compensation, law enforcement, and govt. requests including lawsuits/legal actions

## Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## Additional Rights Under California Law

Under California law, you have additional rights regarding your health information. This includes stronger protections for certain types of information such as HIV status, mental health, genetic information, and substance use disorder treatment. We will obtain your specific written authorization before disclosing such information unless otherwise permitted by law.

## How to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with: Office for Civil Rights  
1-877-696-6775 | [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

You can also contact the California Department of Public Health or our Privacy Officer at [info@apmgca.com](mailto:info@apmgca.com). We will not retaliate against you for filing a complaint.