

# NOTICE OF PRIVACY PRACTICES

Effective December 1, 2025



## 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.

Compass Pain and Spine, PLLC ("the Practice") is committed to protecting your protected health information ("PHI"). PHI is information that identifies you and relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or payment for that care.

We are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the HITECH Act, the 2024 CARES Act amendments to 42 C.F.R. Part 2 (Substance Use Disorder records), and Texas law (including the Texas Medical Records Privacy Act – Health & Safety Code Chapter 181) to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of the Notice currently in effect
- Notify you following a breach of unsecured PHI

**Privacy Officer** Brianna Do 3406 N Tarrant Pkwy, Suite 230 Fort Worth, TX 76177 Phone: (817) 886-2000 Email: [privacy@compasspainandspine.com](mailto:privacy@compasspainandspine.com)

### A. USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

Category	Examples of Permitted Disclosures
Treatment	Sharing records with your referring physician, surgeon, hospital, imaging center, lab, pharmacy, physical therapist, case manager, nurse case manager, or any provider involved in your care
Payment	Billing your health plan, Medicare, TRICARE, VA/TriWest, PIP/Med-Pay, UM/UIM carrier, workers' compensation insurer, liability carrier, your plaintiff or defense attorney, opposing counsel (when required by law), or any third-party payer
Health Care Operations	Quality assessment, staff training, accreditation, auditing, legal counsel, business planning, credentialing
Appointment Reminders & Health-Related Benefits	Calls, texts, emails, or portal messages about appointments, refills, or treatment alternatives
Family Members / Personal Representatives	Spouse, domestic partner, parents, adult children, or anyone you identify as involved in your care or payment (unless you object)
Business Associates	Billing company, EHR vendor, transcription service, collection agency, attorney, accountant – all under signed HIPAA Business Associate Agreements
As Required or Permitted by Law	<ul style="list-style-type: none"><li>• Public health reporting</li><li>• Abuse, neglect, domestic violence</li><li>• Health oversight (TMB, DEA, OCR audits)</li><li>• Judicial/administrative proceedings (court orders, subpoenas)</li><li>• Law enforcement</li><li>• Coroners, medical examiners</li><li>• Workers' compensation</li><li>• FDA (adverse events)</li><li>• To avert serious threat to health/safety</li><li>• Specialized government functions (military, VA, national security)</li></ul>
Breach Notification	You will be notified within 60 days of discovery of any breach of unsecured PHI

### B. SUBSTANCE USE DISORDER (SUD) RECORDS – 42 C.F.R. PART 2 (aligned with HIPAA in 2024/2026)

If we ever receive SUD records from a federally assisted program, they are subject to stricter rules. We will obtain your specific written consent before any non-treatment disclosure and will not redisclose without new consent or court order.

### C. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

- Most psychotherapy notes
- Marketing where we receive payment
- Sale of PHI
- Any purpose not described above

You may revoke an authorization in writing at any time (except to the extent we have already acted).

#### **D. YOUR INDIVIDUAL RIGHTS**

1. **Right to Request Restrictions** – Including restricting disclosure to your health plan when you pay out-of-pocket in full
2. **Right to Confidential Communications** – Alternative address, phone, or method
3. **Right to Access and Obtain Copies** – Paper or secure electronic format (reasonable cost-based fees apply)
4. **Right to Amend** – Request correction of inaccurate/incomplete information
5. **Right to an Accounting of Disclosures** – List of certain disclosures for up to six years
6. **Right to Notification of a Breach**
7. **Right to a Paper or Electronic Copy of this Notice**
8. **Right to File a Complaint** – With us or with the U.S. Department of Health and Human Services (no retaliation)

#### **E. CHANGES TO THIS NOTICE**

We may change this Notice at any time. The new version will be posted in our office, on our website, and will apply to all PHI we maintain.

#### **F. COMPLAINTS**

Contact our Privacy Officer (above) or file with:

- HHS Office for Civil Rights → [www.hhs.gov/ocr](http://www.hhs.gov/ocr)
- Texas Attorney General → [www.texasattorneygeneral.gov](http://www.texasattorneygeneral.gov)
- Texas Medical Board (physician-specific complaints)

We will never retaliate against you for filing a complaint.

**This Notice was last revised December 1, 2025.**