

# NOTICE OF PRIVACY PRACTICES (NPP)

## Interventional Pain Management / Anesthesia

*How We Protect and Use Your Health Information — and Your Rights*

Practice Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Phone: \_\_\_\_\_ Effective Date: February 16, 2026

Office Mgr./Front Desk Supervisor: \_\_\_\_\_

### Quick Summary (for easy reading)

We protect your health information and only share it for care, payment, operations, or when required by law. You control who else we may talk to.

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## How We Use Your Information

**Treatment:** Coordination with doctors, pharmacies, labs, hospitals; medication safety verification; referrals and procedures. Minimum necessary information only.

**Payment:** Insurance verification, billing, and claims processing. If you pay in full, you may request we not bill your insurance.

**Operations:** Training, quality improvement, licensing, accreditation, compliance, and audits.

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## When the Law Requires Sharing

Public health reporting; abuse/neglect investigations; court orders or subpoenas; workers' compensation; government oversight; preventing serious threats to safety.

Law enforcement only when legally required.

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## People Involved in Your Care

We may share information with persons involved in your care unless you restrict us in writing. You may change this at any time.

## **OTHER PERMITTED DISCLOSURES**

We may disclose information when required by law including public health reporting, health oversight, workers compensation, judicial proceedings, and safety threats.

## **SPECIAL PROTECTIONS – REPRODUCTIVE HEALTH INFORMATION (2026 RULE)**

Federal law prohibits disclosure of reproductive health information for investigations or proceedings related to lawful care. We may require a signed attestation prior to release and will refuse disclosure without proper documentation

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## **When We Need Your Permission**

Marketing communications; sale of information; most psychotherapy notes. You may revoke authorization in writing.

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## **Your Choices and Rights**

- Get copies of your records (paper or electronic or send to a third party)
- Restrict disclosure to your health plan after self-pay
- Choose how we contact you (email/text may carry some risk)
- Request record corrections
- Request list of certain disclosures
- Obtain paper copy anytime
- File a complaint without retaliation

Privacy Officer Contact: Maxine Collins, Email: [mcollins@coremdpartners.com](mailto:mcollins@coremdpartners.com);

Security (IT) Officer: Andrew Morgan, Email: [amorgan@coremdpartners.com](mailto:amorgan@coremdpartners.com)

You may also contact the U.S. Department of Health & Human Services Office for Civil Rights.

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## **Our Promise to You**

We maintain privacy, follow this notice, notify you after a breach, and apply updates to all records.

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