SIPS

SOUTHERN INTERVENTIONAL PAIN SPECIALISTS

Notice of Privacy Practices

Effective September 14, 2026

Your Information. Your Rights. Our Responsibilities.

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 an electronic or paper copy of your medical record; ask us to correct information you believe is incorrect or incomplete; request confidential communications; ask us to limit what we use or share; receive an accounting of certain disclosures; obtain a copy of this notice; choose someone legally authorized to act for you; and file a complaint without retaliation.

We generally provide access or a copy of your record within 30 days of your request and may charge a reasonable, cost-based fee. If you ask us to correct your record and we deny the request, we will tell you why in writing within 60 days. We will agree to reasonable requests for confidential communications.

If you pay in full out of pocket for an item or service, you may ask us not to share that information with your health plan for payment or health care operations. We will honor that request unless the law requires disclosure.

Your Choices

You may tell us your preferences about sharing information with family, close friends, or others involved in your care or payment for your care, and about disaster-relief communications. If you cannot tell us your preference, we may share information when we believe it is in your best interest or to lessen a serious and imminent threat to health or safety.

We will obtain your written permission for uses or disclosures that require authorization, including most marketing uses, sale of your information, and most sharing of psychotherapy notes. We do not sell your protected health information. If we contact you for fundraising, you may tell us not to contact you again.

How We Typically Use or Share Information

Treatment. We may use and share information with physicians, advanced practice providers, hospitals, surgery centers, pharmacies, laboratories, imaging facilities, therapists, and others involved in your care.

Payment. We may use and share information to bill and obtain payment from you, insurers, health plans, or other responsible parties, including eligibility, authorization, claims, and collection activities.

Health care operations. We may use and share information to run our practice, improve care, train staff, conduct compliance and quality activities, credential clinicians, and work with business associates that are required to safeguard your information.

Other Uses and Disclosures Permitted or Required by Law

We may use or disclose information as permitted or required for public health and safety, research, organ and tissue donation, medical examiner or funeral director duties, workers' compensation, health oversight, certain law-enforcement and government functions, and judicial or administrative proceedings. We must meet applicable legal conditions before making these disclosures.

Specially Protected Information

Some information receives additional protection under federal or Mississippi law. We will follow any law that provides greater privacy protection.

To the extent we create or maintain substance use disorder patient records protected by 42 CFR Part 2, those records will not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a qualifying court order and subpoena, as applicable.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information, provide this notice, follow the notice currently in effect, and notify you promptly if a breach occurs that may have compromised the privacy or security of your information. We will not use or share your information other than as described here unless you authorize us in writing. You may revoke an authorization in writing, subject to actions already taken in reliance on it.

Questions or Complaints

You may contact the SIPS Privacy Contact below. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 20201, or call 1-877-696-6775. SIPS will not retaliate against you for filing a complaint.

SIPS Privacy / Civil Rights Contact
Southern Interventional Pain Specialists, PLLC
1888 Main Street, Suite C, PMB 165, Madison, MS 39110
Phone: 601-891-5524 Fax: 601-348-8716
Email: records@sipsmd.com

We may change this notice. A revised notice may apply to information we already have and information we receive in the future. The current notice will be available in our offices, upon request, and on our website.