



## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

### **OUR PLEDGE REGARDING MEDICAL INFORMATION:**

This notice describes the privacy practices of Surgical Associates, P.C. During your treatment, doctors, nurses and other caregivers will gather data about your medical history, your current health and your billing information. We have always regarded medical and personal information as completely confidential. As a result, many of the new federal mandates have not changed the way we handle your information other than to tell you how we protect it.

### **OUR PRIVACY OBLIGATIONS:**

We are required by law to maintain the privacy of medical information about you and to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information (PHI). When we use or disclose PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure). We may change the terms of our Notice at any time.

### **PERMISSIBLE USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:**

In certain situations we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures. We will also disclose PHI to other providers involved in your treatment by verbal communication, US postal service, facsimile or electronic mail.

**Treatment.** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services, which includes electronic access to medication history. I understand that SAPC has the right to change its Notice of Privacy Practices at any time and that I may contact SAPC at any time to obtain a current copy. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you.

**Payment.** Your PHI will be used to obtain payment for your services we have provided to you. This may include certain activities that your health insurance plan may undertake before it approves or pays for the services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your PHI be disclosed to your health plan to obtain that approval.

**Healthcare Operations.** We may use and disclose your PHI for our healthcare operations, which include, but are not limited to, internal administration and planning and various activities that improve the quality and cost effectiveness of care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians and other staff members, and we may disclose PHI to medical students who see patients in our offices.

**Business Associates.** We may provide PHI to other persons or organizations, known as business associates, who provide services (e.g., billing, transcription services) for us under contract. We require our business associates to protect the provided information just as we would.

**Appointment Reminders and Other Health Information.** We may use your medical information to send you appointment reminders or call you on the phone. Your medical information may also be used to provide you with information about new or alternative treatments or other health care services.

**Others Involved In Your Healthcare.** We may disclose information to people who are taking care of you or helping to pay your medical bills, such as family members or close friends. We will only disclose information that they need to know. We may also use your PHI to let family members or other responsible people know where you are and what your general medical condition is. If you are able to make your own healthcare decisions, we will attempt to get your permission before making these disclosures. If you are unable to make healthcare decisions, we will disclose relevant medical information if we feel it is in your best interest to do so. For example, we may provide limited medical information to allow a family member to pick up a prescription for you. Finally, we may disclose information to an authorized public or private entity to assist in disaster relief efforts.

**Emergencies.** If you are unable to agree or object to a disclosure due to your incapacity in an emergency situation, we may exercise our professional judgement to determine whether a disclosure is in your best interest.

**Communication Barriers.** We may use and disclose your information if we are unable to obtain authorization due to communication barriers and we determine, using professional judgement, that you intend to authorize the disclosure under the circumstances.

**Public Policy.** We may use or disclose PHI without your permission for specified public policy purposes including:

**Required by Law.** When required to do so by federal, state or local law.

**Public Health.** To a public health authority or other government authority that is permitted by law to collect or receive the information for the following purposes: (1) to prevent or control of disease, injury or disability; (2) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; (3) to report child abuse or neglect or if we believe you have been the victim of abuse, neglect or domestic violence; (4) to report reactions to medications or problems with products, or to notify you of recalls of medications.

**Health Oversight.** To a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare and Medicaid.

**Legal Proceedings.** In the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

**Law Enforcement.** For law enforcement purposes including: (1) required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims or a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of this medical office, and (6) medical emergency (not on medical office premises) and it is likely that a crime has occurred.

**To Avert a Serious Threat.** Consistent with applicable federal and state laws, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Also, if necessary for law enforcement to identify or apprehend an individual.

**Coroners, Funeral Directors, and Organ Donation.** To a coroner or medical examiner for identification purposes, determining cause of death or for other duties authorized by law; to a funeral director to carry out their duties or in reasonable anticipation of death, and; for cadaveric organ, eye or tissue donation purposes.

**Limited Research.** For a research project, which would be subject to a specific approval process. For example, a project may involve comparing the health of all patients who received one medication to those who took another for the same condition.

**Workers' Compensation.** As necessary to comply with laws relating to workers' compensation or other similar programs.

**Specialized Government Functions.** To the U.S. military for Armed Forces personnel, under certain circumstances; to the Department of Veterans Affairs for determination of eligibility, and; to the U.S. Department of State or other authorized agency conducting national security and intelligence activities, including protective services for the President or others legally authorized.

**Inmates.** To a correctional institution or law enforcement official if you are an inmate, if your child resides at that correctional facility with you, or if you are under the custody of a law enforcement official.

#### **OTHER USES OF MEDICAL INFORMATION:**

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only if you agree in writing. You may change your mind, in writing, at any time. If you do change your mind, we will no longer use the information for the reason covered by your authorization, but we cannot take back information that has already been released to others.

#### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:**

The following is a statement of your rights regarding PHI and a brief statement of how you may exercise these rights.

**Right to See and Get Copies of PHI.** In most cases, you have the right to look at and/or request copies of information maintained in our designated record set. Your request must be in writing. The law gives us 30 days to respond to your request, but in most cases this can be handled quickly. In some cases, we may deny your request. If we do deny it, we will explain the reason for the denial and how you can have the denial reviewed.

If you request a copy of your records, we may charge a fee for this service.

**Right to Amend your Records.** You may request an amendment to your PHI if you believe there is an error. That request must be in writing and must clearly explain your reasoning. We will comply with your request, unless we believe the records are correct or were not created by us. If we deny your request you can write a statement of disagreement which we will keep with your medical information.

**Right to an Accounting of Disclosures.** You have the right to request a list of disclosures we have made to others regarding your medical information. Your request must be in writing. It can cover up to a six-year period, but this accounting will only cover disclosures made after April 14, 2003. It excludes disclosures for treatment, payment, healthcare operations, ones made to you or a family member involved in your care, ones to corrections or law enforcement personnel, and those for national security purposes.

**Right to Request Restrictions.** You have the right to ask that we limit how we use and disclose your medical information. We will consider your written request, but we are not legally required to accept your restrictions. If we accept your request, we will abide by it except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

**Right to Ask for Private Communications.** You have the right to ask that we send information to you at an alternate address or by alternate means. Your request must be in writing. We will agree with your request if we can reasonably do so.

**Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice upon request.

#### **FURTHER INFORMATION OR TO REPORT A CONCERN:**

If you would like further information about your privacy rights, are concerned that we may have violated your privacy rights or disagree with a decision we have made regarding access to your PHI, you may contact Surgical Associates, P.C., Administrator at 575 South 70<sup>th</sup> Street, Suite 310 Lincoln, NE 68510 or 402-441-4760. We will not retaliate against you for filing a complaint. You may also contact the Secretary of Health and Human Services.

**CHANGES TO THIS NOTICE:**

We reserve the right, or may be required by law, to change our privacy practices, which may result in changes to this Notice. We reserve the right to make the most current Notice effective for information that we already have about you as well as any information we receive in the future.

Patient Education/NPP-version 1

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