

Premier Surgical Associates
**Notice of Privacy Practices for Protected Health
Information**

This Notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully. You have the right to obtain a copy of this Notice upon request.

Patient Health Information

Under federal law, your patient health information is protected and confidential. Patient health information (PHI) includes information about your symptoms, test results, diagnosis, treatment and related Medical information. Your PHI also includes payment, billing, and insurance information.

How We Use Your Patient Health Information

We use health information about you for treatment, to obtain payment and for healthcare operations, including administrative purposes and evaluation of the quality of care that you receive. This notice gives examples of how we will use or disclose your health information for treatment, payment and health care operations (TPO). The Notice also describes circumstances when we may have to use or disclose the information even without your knowledge.

Examples of TPO

Treatment: We will use and disclose your health information to provide you with Medical treatment or services. For example, nurses, physicians and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers, such as hospitals, consulting physicians and nurses, who are participating in your treatment, to pharmacists who are filling your prescriptions and to family members who are helping with your care.

Payment: We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing surgery or ordering other types of testing. We will submit bills and maintain records of payments from your health plan.

Health Care Operations: We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment and to assess the care and outcomes of your case and others like it.

Special Uses/Appointment Reminders

We may use your information to contact you with appointment reminders. We may also contact you to provide information about treatment alternatives, test results or other health-related benefits and services that may be of interest to you.

Other Uses and Disclosures

We may use or disclose identifiable health information about you for other reasons, even without your consent. Subject to certain requirements, we are permitted to give out health information without your consent for the following purposes:

- *As Required By Law*
- *Public Health Activities* – legal authorities, CDC or FDA, charged with preventing or controlling disease
- *Reporting Of Abuse, Neglect Or Domestic Violence*, involving adults or children
- *Threats to Health and Safety* – either yours or someone else
- *Health Oversight Activities* – for audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary action to further the administration of healthcare
- *Judicial And Administrative Proceedings* – as expressly authorized by court order, subpoena or discovery request
- *Law Enforcement* - as required by court order or laws which require reporting of certain wounds or injury
- *Coroners And Medical Examiners* – funeral directors or coroners to allow them to carry out their duties
- *Organ Or Tissue Donation* – organ procurement organizations for the purpose of donation and transplant

Other Uses and Disclosures continued

- *Specialized Governmental Functions* – such as armed forces, national security or personnel assistance programs
- *Research* – to researchers when their research has been approved by an institutional review board
- *Workers Compensation* – to the extent necessary to comply with laws relating to Workers Compensation

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization in writing to stop any future uses and disclosures.

Individual Rights

You have the following rights with regard to your health information. Please contact the person listed below to obtain the appropriate form for exercising these rights.

Request Restrictions: You may request restrictions on certain uses and disclosures of your health information. We are not required to agree to such restrictions, but if we do agree, we must abide by those restrictions.

Confidential Communications: You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcards to remind you of appointments or follow-up examinations.

Inspect and Obtain Copies: In most cases, you have the right to look at or get a copy of your health information. There may be a small charge for the copies.

Amend Information: If you believe that information in your record is incorrect, or if important information is missing, you have the right to request that we correct the existing information or add the missing information. It is our policy not to change or amend physician and nurse's office notes and certain other information once it is placed in the Medical record, however written addendums or notations of corrections are permissible.

Accounting of Disclosures: You may request a list of instances where we have disclosed health information about you for reasons other than TPO.

Our Legal Duty

We are required by law to protect and maintain the privacy of your health information, to provide this Notice about our legal duties and privacy practices regarding protected health information and to abide by the terms of the Notice currently in effect.

Changes in Privacy Practices

We may change our policies at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice in the waiting area. You can also request a copy of our Notice at any time. For questions about our privacy practices, contact the person listed below.

Complaints

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

Contact Person

If you have any questions, requests, or complaints please contact the office manager at the Premier location where your care was provided

Effective Date: The effective date of this Notice is April 14, 2003.