

# **NOTICE of PRIVACY PRACTICES**

Advanced Surgical Associates, LLC

**This Notice describes how Medical/Health Information about you may be used and disclosed and also describes how you can get access to this information.**

**Please review front and back carefully.**

## **Our Obligations:**

We are required to:

- Maintain the privacy of protected health/medical information
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Follow the terms of our notice that is currently in effect

## **How we may use and disclose health/medical information about you:**

The law permits us to use or disclose your health information for the following purposes without written consent from you.

**Treatment:** We may use your health information to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other office personnel who are involved in taking care of you. Various areas of our office may share your health information, for example prescriptions, lab work and/or x-rays. We may use or disclose your health information in an emergency treatment situation. If this happens, your physician will try to obtain your consent as soon as reasonably practical after the delivery of treatment. If your physician or other provider is unable to obtain your consent, he or she may still use or disclose your health information to treat you.

**Payment:** We may use and disclose health information so that we or others may bill and receive payment from you, an insurance company, or a third party (family) for the treatment and services you received. We may also tell your health plan about a treatment you will be receiving to obtain prior approval or to determine whether your plan will cover the treatment.

**Health Care Operations:** We may use and disclose health information for health care operation purposes. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing activities and conducting or arranging for other business activities. An example would be explaining to a medical student how a medical procedure is performed.

## **Other possible uses and disclosures to which you may object:**

Described as follows are the ways we may use and disclose health information that identifies you (your health information) unless you object to or otherwise restrict a particular release. Please direct your written objections or restrictions to our Privacy Officer at 3460 NE Ralph Powell, Lee's Summit, MO, 64064, 816-246-0800.

**As Required by Law:** We will disclose health information when required to do by international, federal, state or local law.

**Appointment Reminders/Messages:** We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care with us.

**Treatment alternatives and Health Related Benefits and Services:** We may use and disclose health information to tell you about treatment alternatives or health related benefits and services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** We may release your health information to a close friend or family member who is involved in your medical care or who helps pay for your care. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort. If you are able and available to agree or object, we will give you the opportunity prior to making notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**Public Health Risks:** As authorized by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify of recalls of products; inform a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and report to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

**Health Oversight Activities:** We may disclose health information about you to a health oversight agency for activities authorized by law. These oversight activities may include, audits, investigations, inspections, licensure and other proceedings/ These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Military and Veterans:** If you are a member of the armed forces, we may release health information as required by military command authorities. We may also release health information to the appropriate foreign military authority if you are a member of a foreign military.

**Food and Drug Administration:** We may disclose your health information to a person or company required by the FDA to report adverse events, problems with products and reactions to medications, product defects or problem biologic product deviations, to track products, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as necessary.

**Organ and Tissue Donation:** If you are an organ donor, we may use or release health information to organizations that handle organ procurement or other entities engaged in procurement or other entities engaged in tissues to facilitate organ, eye, or tissue donations; and transplantation.

**To Advert Serious Threat:** Consistent with federal and state laws we may disclose your health information if we believe 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. Disclosures will only be made to someone whom may be able to help prevent the threat.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information in response to a court or administrative order. We also may disclose health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may release health information if asked by a law enforcement official if the information is: 1) in response to a court order, subpoena, warrant, summons or similar process; 2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; 3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; 4) about a death we believe may be the result of criminal conduct; 5) about criminal conduct on our premises; and 6) in an emergency to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

**Deceased Person Information/Coroners/Medical Examiners and Funeral Directors:** We may disclose your health information to coroners or medical examiners, for identification purposes, determining the cause of death or for the coroner or medical examiner to perform other duties authorized by law. We also may disclose your health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties.

**Inmates or Individuals in Custody:** If you are an inmate of a correctional facility or under the custody of law enforcement official we may release health information to the correctional institution or law enforcement official. This release would be made if necessary: 1) for the institution to provide you with health care, 2) to protect your health and safety or the health and safety of others, or 3) for the safety and security of the correctional institution.

**National Security and Intelligence Activities:** We may release health information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Workers Compensation:** We may release health information about you if you are seeking compensation through workers compensation, or similar programs, as necessary to comply with laws relating to workers compensation.

**Employers:** We may release your health information to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work related illness or injury. In such circumstances, we will give you written notice of such release upon request. Any other disclosures to your employer will be made only if you execute a specific authorization.

*Other uses and disclosures of health information not covered by this notice will be made only with your written authorization.*

*If you provide us an authorization to use or disclose your health information you may revoke that authorization in writing at any time.*

*If you revoke your authorization we will no longer use or disclose health information about you for the reasons covered by your written authorization. We are unable to take back any disclosures previously made with your permission.*

## **Your Rights:**

You have the following rights regarding health information we have about you.

**Right to Inspect and Copy:** You have the right to inspect and copy health information that may be used to make decisions about your care. This includes medical and billing records, other than psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding. To inspect and copy your health information you must submit your request in writing to our office. A reasonable charge for copying may apply.

**Right to Amend:** If you feel that the health information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment you must submit your request in writing to our office Privacy Officer. In addition you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. To request restrictions, you must make your request in writing to our Privacy Officer. In your request you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply, for example, your spouse. ***We are not required to agree with your request.*** If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Right to Request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only by mail, at work or by cell phone. To request confidential communication, you must make your request, in writing to our Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to a Copy of this Notice:** We reserve the right to change this notice and make the new notice apply to health information we already have as well as any information we receive in the future. We will post a current copy of this notice in our office. The effective date of this notice is noted below.

**Complaints:** If you believe our office has violated your rights with respect to your health information, you may file a complaint with our office; contact our Privacy Officer at 3460 NE Ralph Powell Rd, Lee's Summit, MO 64064; or with the Secretary of the Dept. of Health and Human Services. All complaints must be made in writing. **You will not be penalized for filing a complaint.**

*This Notice was Revised October, 2012*