

Advanced Surgical Associates, P.A.

Notice of Privacy Practices

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This notice describes how health information about YOU (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information.

PLEASE REVIEW THIS NOTICE CAREFULLY

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any records that we create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times. You may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT:

**Advanced Surgical Associates, P.A.
1041 Noell Lane, Suite 101
Rocky Mount, NC 27804
(252) 937-8861**

C. WE MAY USE AND DISCLOSE YOUR IIHI IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your IIHI.

1. Treatment – Our practice may use your IIHI to treat you. As an example, we may ask you to have laboratory tests (such as blood or urine tests) and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you. We might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work in our practice may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as spouse, children or parents. We may disclose your IIHI to other health care providers for purposes related to your treatment.

2. Payment – Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and what range of benefits) and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may also use and disclose your IIHI to obtain payment from third parties that may be responsible for such cost, such as family members. Also, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.

3. Health care Operations – Our practice may use and disclose your IIHI to operate our business. For example, our practice may use your IIHI to evaluate the quality of care you received from us or to conduct cost management and

business planning activities for our practice. We may disclose your IIHI to other health care providers and entities to assist in their health care operations.

4. Appointment Reminders – Our practices may use and disclose your IIHI. To contact you and remind you of an appointment.

5. Treatment Options – Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.

6. Health related benefits and services – Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.

7. Release of Information to Family/Friends – Our practice may release your IIHI to a friend or family member that is involved in your care or who assists in taking care of you. For example, a parent or guardian may ask that a caregiver take their child to the pediatrician's office for treatment. In this example the caregiver may have access to the child's medical information.

8. Disclosures required by law – Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRTUMSTANCES

The following categories describe unique scenarios in which we may use or disclose our identifiable health information.

1. Public Health Risks – Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records such as births or deaths
- Reporting child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect to an adult patient (including domestic violence); however we eill only disclose this information if the patient agrees or we are required or authorized by law to disclosed this information
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

2. Health Oversight Activities – Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure and disciplinary actions: civil, administrative, and criminal procedures or actions or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings – Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your IIHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting thte information the party has requested.

4. Law Enforcement – We may release IIHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of a crime or the description identity or location of the perpetrator)

5. Serious threats to health or safety – Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances we will only make disclosures to a person or organization able to prevent the threat.

6. Military – Our practice may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities

7. National Security – Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

8. Inmates – Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

9. Workers Compensation – Our Practice may release your IIHI for workers compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR IIHI

1. Confidential communications – You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. A form is provided by our office to assist you in detailing the ways we may communicate certain types of information with you and others delegated by you.

2. Requesting restrictions – You have the right to request restrictions in our disclosure of your IIHI. The form provided by our office has certain restrictions listed. These restrictions are limited by the circumstances listed earlier in this notice. Specific restrictions not contained on the provided form may be requested, in writing, to **Advanced Surgical Associates, P.A.** Please describe:

- the information you wish restricted
- whether you are requesting to limit our practice's use, disclosure or both
- to whom you want the limits to apply

3. Inspection and Copies – You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you including medical and billing records but not including psychotherapy notes. A request must be submitted in writing to **Advanced Surgical Associates, P.A.** Reasonable fees associated with the duplication or distribution of your records may be applied. Our practice may deny your request in certain limited circumstances. Denials are subject to review by an independent licensed health care professional at your request.

4. Amendment – You may request an amendment to your health information if you feel a portion of the IIHI kept by or for our practice is incorrect or incomplete. This request must be in writing to **Advanced Surgical Associates, P.A.** Supporting documentation must accompany your request. Our practice may deny your request if in our opinion:

- the IIHI kept by our practice is accurate and complete
- the IIHI is not part of the information kept by our practice
- the IIHI is not created by our practice
- the IIHI is information that you are not permitted to inspect or copy

5. Accounting of Disclosures – All of our patients may request a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment, nonpayment or non-operating purposes. This request must be in writing to **Advanced Surgical Associates, P.A.**

6. Right to a paper copy of this notice – You may have a paper copy of this notice by requesting one at our office or by contacting **Advanced Surgical Associates, P.A.**

7. Right to file a complaint – If you feel your privacy rights have been violated you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. Complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. Right to provide authorization for other uses and disclosures – Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time by submitting a request in writing to **Advanced Surgical Associates, P.A.** Please note we are required to retain records of your care.

Please contact for more information as needed:

Advanced Surgical Associates, P.A.

1041 Noell Lane, Suite 101
Rocky Mount, NC 27804
(252) 937-8861

For more information about HIPAA or to file a complaint contact:

The U.S. Dept. of Health and Human Services
Office of Civil Rights
200 Independence Ave., S.W.
Washington, DC 20201
(202) 619-0257
Toll free (877) 696-6775