

Surgical Associates of Venice & Englewood Notice of Privacy Practices

This notice describes how medical information about you at Surgical Associates of Venice & Englewood may be used and disclosed, and how you can get access to your health information. Please review this notice carefully.

We are dedicated to maintaining the privacy of your health information. There will be records created each time you visit our providers or receive treatment from us. We may also collect information from others such as medical records from your other physicians and prior test results. These records may contain your symptoms, examination and test results, diagnoses, treatment, a plan for future treatment, and billing-related information. This notice applies to all of the records of your care generated by Surgical Associates of Venice & Englewood.

Our Responsibilities

We are required by law to maintain the privacy of your protected health information, to provide you with this notice of our legal duties and the privacy practices we maintain concerning your protected health information, and to notify any affected individuals following a breach of any unsecured protected health information. We will abide by the terms of the notice currently in effect.

Uses and Disclosures – How we may use and disclose protected health information about you

For Treatment -We may use and disclose protected health information about you to provide you with medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians and medical students or other personnel who are taking care of you. As an example, we may need to communicate with your primary care doctor to plan your treatment and follow-up care.

For Payment –We may use and disclose your protected health information to bill and collect payment from you, your insurance company, worker's compensation company or a third-party payer. As an example, we may need to provide your insurance company with information about your diagnosis so that it will pay us or reimburse you for the treatment or so we may get approval for payment and or determine if your plan will pay for treatment.

For Healthcare Operations –We may use and disclose your protected health information to run our practice. This may include measuring and improving quality, evaluating the performance of employees, conducting training programs and obtaining accreditation, certificates, licenses and credentials we may need to serve you. We will use these results to continually try to improve the quality of care for all patients that we serve.

Surgical Associates of Venice & Englewood may also use and disclose protected health information:

- To remind you that you have an appointment for medical care
- To determine your satisfaction with our services
- To conduct case management or care coordination activities
- To contact you as part of our fundraising efforts, if any, though you will have the right to opt out of such communications
- To business associates we have contracted with to perform an agreed upon service
- To inform you about health-related benefits or services
- To inform you about possible treatment alternatives
- To inform funeral directors consistent with applicable law
- For population-based activities relating to improving health or reducing healthcare costs
- For conducting training programs or reviewing competence of healthcare professionals

Individuals involved in Your Care or Payment for Your Care: We may release protected health information about you to a friend or family member who is involved in your medical care or who helps pay for your care.

Law Enforcement / Legal Proceedings: We may release protected health information for law enforcement purposes as required by law or in response to a valid subpoena or court order. We also may disclose your information 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 the information the party has requested.

As Required by Law, we may also disclose information to the following types of entities, included but not limited to:

- Public health or legal authorities charged with preventing or controlling disease, injury, disability or other threat to health or safety
- A funeral director, medical examiner or coroner to identify a deceased individual or to identify the cause of death.
- The U. S. Food and Drug Administration
- Workers' Compensation Agents
- Correctional Institutions (if you are in custody of a correctional institution or law enforcement officer)
- Military command authorities
- Organ and tissue donation organizations
- Health oversight agencies
- National security and intelligence agencies
- Protective services for the president and others

Future Communications: We may communicate with you via newsletters, mailings, or other means regarding treatment options, health-related information, disease management programs, wellness programs, or other community-based initiatives or activities in which our facility is participating.

Changes to This Notice: The terms of this notice applies to all records containing your protected health information created and retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records created or maintained in the past and future. The current notice will be posted in the facility and will include the new effective date. Copies of any revised notices will be available on our website and will be provided to you upon your next visit to our facility after the effective date.

Your Health Information Rights: While your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the right to:

- Inspect and obtain a copy of the protected health information that may be used to make decisions about you, including patient medical records and billing records. You must submit your request to Privacy Officer, 436 Nokomis Avenue South, Venice, FL 34285. You may also request that we send your health information directly to another person based on your signed written instructions. We may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed in some situations. Another licensed healthcare professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. Our practice may charge a fee for the cost of copying, mailing, labor and supplies associated with your request.
- Ask to amend your protected health information if you believe it is incorrect or incomplete, and you must request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be submitted in writing to Privacy Officer, 436 Nokomis Avenue South, Venice, FL 34285. You must provide us with reasons that support your request for amendment. Our practice reserves the right to deny your request if you ask us to amend information that is in our opinion, inaccurate and incomplete and not part of the protected health information kept by or for our practice. You will be notified of the reason for the denial.
- Request an "accounting of disclosures". An accounting of disclosures is a list of certain non-routine disclosures our practice has made of your protected health information for purposes other than treatment, payment, healthcare operations, or certain other permitted purposes. Use of your protected health information as part of the routine patient care in our practice is not required to be documented. In order to obtain an accounting of disclosures, you must submit your request in writing to Privacy Officer, 436 Nokomis Avenue South, Venice, FL 34285. All requests for accounting of disclosures must indicate the time period involved.
- Request in writing that we restrict disclosures of protected health information if the disclosure is for payment or healthcare operations, is not required by law, and the protected health information pertains solely to a healthcare item or service for which the individual, or someone on the individual's behalf other than the health plan, has paid Surgical Associates of Venice & Englewood in full. Additionally, you may request restrictions on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request, except as described below. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- Request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that we contact you at work or by U. S. Mail. In order to request a type of confidential communication, you must make a written request to Privacy Officer, 436 Nokomis Avenue South, Venice, FL 34285. In order to request communication at an alternate location, your request must include a mailing address where you will receive bills for services and related correspondence regarding payment for services. Please realize that we reserve the right to contact you by other means at other locations if you fail to respond to any communication from us that requires a response.
- Receive a paper copy of our Notice of Privacy Practices even if you agreed to receive this notice electronically. You may ask us to give you a copy of this notice at any time. You may obtain a copy of this notice at our website VeniceSurgery.com.

Other Uses of Your Protected Health Information That Require Your Authorization:

Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Examples of these additional authorizations involve the release of psychotherapy notes (if any), marketing, or the sale of your protected health information. Any authorization you provide to us regarding the use and disclosures of your protected health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your protected health information for the reasons described in the authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to remain our records of the care that we provided to you.

Complaints:

If you believe 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. To file a complaint with our practice, contact Privacy Officer, 436 Nokomis Avenue South, Venice, FL 34285 or by calling 941-445-5054. You will not be penalized for filing a complaint.

For further information, please contact our Practice Administrator who serves as our Privacy Officer at 436 Nokomis Avenue South, Venice, FL 34285 or 941-445-5054. Effective Date 09/01/2013