

**SURGERY GROUP, SC**  
**NOTICE OF PRIVACY PRACTICES (NPP)**  
**Effective Date: 9/23/2013**

**THIS NOTICE IS PROVIDED PURSUANT TO THE REGULATIONS PROMULGATED FOR THE 2013 AMENDMENTS TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OMNIBUS FINAL RULE, EFFECTIVE MARCH 26, 2013. 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.**

This practice creates a medical record of your health information in order to treat you, receive payment for services delivered, and to comply with certain policies and laws. We are also required by law to provide you with this Notice of our legal duties and privacy practices. In addition, the law requires us to ask you to sign an acknowledgement that you received this Notice.

We are required by federal and state law to maintain the privacy of your medical and billing information. Medical and billing information is also called "protected health information" or "PHI." We are also required by law to notify you if you are affected by a breach caused by unauthorized access to your PHI.

**Disclosures which may occur:**

**Treatment:** We obtain PHI about you to treat you. Your PHI is used by us and others to treat you. We may also send your PHI to another physician, facility or counselor to whom we refer you for treatment, care, procedures or testing. We may also use your PHI to contact you to tell you about alternate treatments, or other health-related benefits we offer. If you have a friend or family member involved in your care, we give them your PHI. We also may disclose your PHI pursuant to a statutory Health Care Power of Attorney, to a personal representative, to an appointed guardian, or to a medical surrogate.

**Payment:** we use your PHI to obtain payment for the services that we render. For example, we send PHI to Medicaid, Medicare, or your health insurance carrier, to obtain payment for our services.

**Health Care Operations:** We use your PHI for our operations. For example, we may use your PHI in determining whether we are giving adequate treatment to our patients. We may use your PHI to contact you to remind you of an appointment. We may use de-identified summary information to evaluate our operations and ensure that we are providing our patients optimum efficiency and care. We also may use or disclose PHI for internal or external utilization review and/or quality assurance.

**Legal requirements:**

**Public Health:** We may disclose your PHI to prevent or control disease, injury or disability, to report births or deaths, to report reactions to medications or medical devices, to notify you of recalls of products you may be using, or to report suspected cases of abuse, neglect or domestic violence.

**Health Oversight Activities:** We may use and disclose your PHI to state agencies and federal governmental authorities when required to do so. We may use and disclose your health information in order to assist others in determining your eligibility for public benefit programs and to coordinate delivery of those programs. For example, we must provide PHI to the Secretary of Health and Human Resources in an investigation into our compliance with the federal Privacy Rule.

**Judicial and Administrative Proceedings:** We may use and disclose your PHI in judicial and administrative proceedings. Surgery Group, SC will make reasonable efforts to contact you prior to a disclosure of your PHI to the party seeking the information. We may use and disclose your PHI in response to a court order, warrant, subpoena, civil discovery request, summons or other similar judicial process.

**Law Enforcement or Emergency:** We may use and disclose your PHI to comply with requests from law enforcement. We may use and disclose PHI to locate someone who is missing, identify a crime victim, report a death, report criminal activity at our offices, or to assist in disaster relief or in an emergency.

**Avert a Serious Threat to Health or Safety:** We may use or disclose your PHI to stop you or someone else from getting ill or injured.

**Workers Compensation:** We may use or disclose PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Coroners, Medical Examiners and Funeral Directors: Organ Donation:** We may use or disclose PHI to a coroner or medical examiner in some rare circumstances. For example, PHI may be needed to identify a deceased person or determine a cause of death. Funeral directors may need PHI to carry out their legal duties. The practice may disclose PHI to facilitate organ, eye or tissue donation.

**Armed Forces:** We may use or disclose the PHI of Armed Forces personnel to the military for proper execution of a military mission. We may also use and disclose PHI to the Department of Veterans' Affairs to determine eligibility for benefits.

**National Security and Intelligence:** We may use or disclose PHI for purposes of national security and intelligence.

**Correctional Institutions and Custodial Situations:** We may use or disclose PHI to correction institutions or law enforcement custodians.

**Research and Immunizations:** The practice does not engage in or conduct research or provide immunizations.

**Fundraising and Marketing:** The practice does not engage in fundraising. To the extent we may use PHI for marketing purposes, we must obtain a signed authorization from you to do so.

**Illinois Privacy Law:** Illinois law has certain requirements that govern the use and disclosure of certain PHI. Specifically, in order for us to release information about mental health treatment, genetic information, AIDS/HIV, or alcohol or substance abuse treatment, we must obtain a signed authorization from you to do so, unless a state law exception allows us to make such disclosures without your consent.

### **Your Rights:**

**Restrictions:** You have a right to request restrictions on how your PHI is used for purposes of treatment, payment and health care operations. The practice is required to comply with your request for restrictions on the use or disclosure of your PHI to health plans for payment or health care operations purposes when the practice has been paid in full and the practice has been notified of the request to restrict in writing, and the disclosure is not otherwise required by law.

**Communications:** You have a right to receive confidential communications about your PHI. For example, you may request that we only call you at home, or that we not leave messages with medical information on an answering machine. If your request is reasonable, it will be accepted.

**Inspect, Access and Copy:** You have a right to inspect your PHI. This information includes billing and medical record information. You may not inspect your PHI in some cases. If your request to inspect is denied, we will send you a letter explaining why and advising you of your options.

**Format of PHI:** You may have a paper or electronic copy of your PHI in most situations. If you request a copy of your PHI, we may charge you a fee for the copies, and for our shipping or mailing costs.

**Amendments to your PHI:** If you believe that there is an error in your PHI, you have a right to request that we amend it. We are not required to agree with your request to amend. If we do agree, we will notify other covered entities and Business Associates of the amendment, if necessary.

**Accounting of Disclosures:** You have a right to receive an accounting of disclosures that we have made of your PHI for purposes other than treatment, payment and health care operations, or a release made pursuant to your authorization or direction.

**Copy of Notice:** You have a right to obtain a paper copy of this Notice, even if you originally received the notice electronically. We have also posted this Notice at our offices.

**Authorizations:** We are required to obtain your written Authorization when we use or disclose your PHI in ways not described in this Notice or when we use or disclose your PHI for the following purposes:

- marketing
- for the sale of your PHI.

The practice does not use your PHI for marketing without a signed Authorization, and does not sell your PHI for any purposes.

**Breach Notification:** All breaches of PHI and any unsecured PHI by our practice or Business Associates shall be reported to our HIPAA Privacy Officer upon discovery. The practice will notify the patient(s) impacted in accordance with the HIPAA Breach Notification requirements and the Illinois Personal Information Protection Act (815 ILCS 530/5) as soon as practicable, but in any case not later than 60 days from the date of discovery.

#### **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. You will not be penalized for filing a complaint. To file a complaint with our practice, contact our Privacy Officer, who will direct you on how to file a complaint. All complaints must be submitted in writing. You can reach our Privacy Officer at (630) 208-7874.

You can file a complaint with the Secretary of Health and Human Services at the following address: Office for Civil Rights, U. S. Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, IL 60601

#### **Revisions:**

Surgery Group, SC is required to comply with the terms of this Notice. However, as the law requires, we may, from time to time, change this Notice. If we materially change this Notice, you will receive a revised Notice upon your first visit to our practice after the revised version's effective date, or you can stop by our office and pick up a copy, or request a copy by email. Changes to the Notice are applicable to the PHI we previously and currently possess.

#### **Scope:**

Surgery Group, SC's policies and procedures regarding HIPAA compliance extend to:

- Any health care professional authorized to enter information about you into your chart;
- All areas of Surgery Group, SC (front desk, administration, billing, exam rooms, etc.)
- All employees of Surgery Group, SC; and
- Our Business Associates, as defined by HIPAA.

Surgery Group, SC will never require you to waive any of your rights under HIPAA as a condition for treatment except under very limited conditions required by law.