

NOTICE OF PRIVACY PRACTICES AND POLICIES

Proffer Surgical Associates

“This notice describes how health information about you may be used and disclosed and how you can get access to your health information.” PLEASE REVIEW CAREFULLY.

1. WHO WILL FOLLOW THIS NOTICE: This Notice describes the privacy practices of Proffer Surgical Associates to be followed by our physicians and employees.

2. OUR PRIVACY OBLIGATIONS: Proffer Surgical Associates is required by law to maintain the privacy of your health information and to provide patients with a notice of its legal duties and privacy practices with respect to health information. This Notice of Privacy Practice outlines our policies and legal duties to maintain confidentiality and protect against prohibited disclosure of your Protected Health Information or PHI, as is required by the Health Insurance Portability and Accountability Act or HIPAA for short, and then further expanded by the Health Information Technology Act or HITECH for short. These laws protect your health information and set rules about who can see and get your health information. We must follow either federal or state law, whichever is more protective of your privacy rights. PHI includes your demographic information such as name, address, telephone number, and family; past, present, or future information about your physical or mental health or condition; and information about the medical services provided to you, including payment information, if any of that information may be used to identify you. Your PHI may be maintained by us electronically and/or on paper.

3. SAFEGUARDING PHI WITHIN OUR PRACTICE: We have in place appropriate administrative, technical, and physical safeguards to protect and to secure the privacy and security of your health information. We educate our staff on the regulations and policies developed to protect the privacy of your health information and review their obligation to maintain privacy and security annually. Our staff understands the legal and ethical obligation to protect your information and that a violation of this Notice of Privacy Practices and Policies may result in disciplinary action. We hold medical records in a secure area within our practice, and our electronic medical record system is monitored and updated to address security risks in compliance with the HIPAA Security Rule. Only staff members who have a legitimate “need to know” are permitted access to your records.

4. USES AND DISCLOSURES OF PHI: As a part of our registration materials, we will request your written consent for our practice to use and disclose your health information for the following types of activities:

- **Treatment:** Treatment means the provision, coordination, or management of your health care and related services by Proffer Surgical Associates and other health care providers involved in your care. It includes the coordination or management of health care by a provider with a third party insurance carrier, communication with lab or imaging providers for test results, consultation between our clinical staff and other health care providers relating to your care, or our referral of you to another specialist or a facility. We may

disclose limited health information to a family member, emergency contact or someone taking you home from surgery.

- **Payment:** Payment means our activities to obtain reimbursement for the medical services provided to you, including billing, claims management, and collection activities. This includes your insurance carrier's efforts in determining eligibility, claims processing, assessing medical necessity, and utilization review, as well as activities carried out on our behalf by one or more collection agencies or agents in order to secure payment on delinquent bills.
- **Health Care Operations:** Health care operations mean the legitimate business activities of our practice. These activities may include quality assessment and improvement activities; fraud and abuse compliance; business planning and development; and business management and general administrative activities. When we involve a third party in our business activities, we will have them sign a Business Associate Agreement obligating them to safeguard your PHI according to the same legal standards we follow.

5. ELECTRONIC EXCHANGE OF PHI: Proffer Surgical Associates may transfer and/or receive your health information to/from other treating health care providers and facilities electronically. We may also transmit your information to your insurance carrier electronically and then receive information from the carrier electronically.

6. USES AND DISCLOSURES OF PHI BASED UPON YOUR WRITTEN AUTHORIZATION:

Other uses and disclosures of your health information will be made only with your specific written authorization. This allows you to request that Proffer Surgical Associates disclose limited health information to specified individuals or companies for a defined purpose and timeframe. We will ask you to sign an authorization allowing us to disclose this health information to the designated parties and you may withdraw your permission at any time by notifying us in writing.

7. USES AND DISCLOSURES OF PHI PERMITTED OR REQUIRED BY LAW: In some circumstances, we may be legally bound to use or disclose your PHI without your consent or authorization. State and federal privacy law permit or require such use or disclosure regardless of your consent or authorization in certain situations, including, but not limited to:

- **Emergencies:** We may use or disclose your health information to help you in a medical emergency.
- **People Involved in Your Care:** We may disclose limited health information to people involved in your care, for example, a family member or emergency contact or someone taking you home from surgery. If appropriate, we may allow another person to pick up your prescriptions, medical supplies, X-rays, etc.
- **Research:** We may use or share your health information for research purposes as allowed by law or if you have given permission.
- **Required by Law:** We may disclose your health information to the extent that its use or disclosure is required by law. This disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

- **Law Enforcement or Proper Authorities:** We may disclose certain health information to law enforcement personnel when there has been a crime at the facility, there is a serious threat to the health or safety of another person or people, or possible abuse or neglect of a child or a vulnerable adult.
- **Correctional Facility:** We may disclose the health information of an inmate or another person in custody to law enforcement or a correctional institution.
- **Legal Process:** We may disclose health information in response to a state or federal court order, legal orders, subpoenas or other legal documents.
- **Public Health:** We may disclose your health information to an authorized public health authority to prevent or control disease, injury, or disability.
- **Food and Drug Administration:** We may disclose your health information to entities regulated by the FDA to measure the quality, safety and effectiveness of their products and to enable product recalls, make repairs to replacements or conduct post-marketing surveillance.
- **Health Oversight Activities:** We may disclose health information to governmental, licensing, auditing and accrediting agencies for actions allowed or required by law.
- **Military Activity and National Security:** We may disclose health information to authorized people from the U.S. military, foreign military and U.S. national security or protective services.
- **Worker's Compensation:** We may disclose your health information as authorized to comply with worker's compensation law.
- **U.S. Department of Health and Human Services:** We may disclose your health information to this department so that they may investigate or determine our compliance with the privacy laws.
- **Disaster Relief Activities:** We may disclose your health information to local, state or federal agencies engaged in disaster relief and to private disaster relief assistance organizations.

8. YOUR RIGHTS REGARDING PHI: You have the right to:

- **Access Your Health Information:** To get a copy of your health information, send a written request to Proffer Surgical Associates by completing a Records Release form attached to this notice or by requesting a form at the office or through a telephone conversation. We will respond to your request as soon as possible, but no later than 30 days from the date of your request. If your request is denied, we will send the denial in writing. This will include the reason and describe any rights you have to a review of the denial.
- **Provide Confidential Communications:** Normally we will communicate with you at the address and telephone number you give us. You may ask us to communicate with you in other ways or at another location. We will agree to your request if it is reasonable.
- **Amend Your Health Information:** You have the right to request that we amend your health information. Your request must be made to us in writing. We will respond to your request as soon as possible, but no later than 60 days from the date of your request. If we deny your request for amendment, you have the right to submit a written statement

disagreeing with the denial. Proffer Surgical Associates also has the right to submit a rebuttal statement. A record of any disagreement about amendment will become part of your medical record and may be included in subsequent disclosures of your health information.

- **Request Accounting of Disclosures:** To find out with whom, if anyone, we have shared your information, that have occurred not more than six years prior to your request, submit a request in writing to Proffer Surgical Associates. Your right to an accounting applies to disclosures other than those for treatment, payment or health care operations. Please allow sixty days for a response. You can get your report for free once a year.
- **Request Restriction of Uses and Disclosures:** You have a right to request that we not use or disclose any part of your health information unless it is a use or disclosure required by law. Please advise us of the specific information you wish restricted and the individual(s) who should not receive the restricted information. We are not required to agree but if we do agree to the request, we will not use or disclose the restricted information unless it is necessary for emergency treatment. In an emergency, we will ask that the recipient not further use or disclose the restricted information. You may request restrictions and identify the parties to be restricted in writing and address your request to the Clinic Manager. For any services for which you have fully paid yourself out-of-pocket and do not want to be made available to your insurance carrier, you must request this restriction in writing prior to receiving the services and we must agree to your request.
- **Request Copy of Our Notice of Privacy Practices and Policies:** We will ask you to sign a written acknowledgment of receipt of our Notice of Privacy Practices and Policies. We may periodically amend this Notice of Privacy Practices and Policies, and you may obtain an updated Notice on our website at <http://www.drproffer.com/>, or by requesting that a copy be mailed to you.

9. COMPLAINT PROCEDURE: If you believe your privacy rights have been violated, you may file a complaint in writing with Proffer Surgical Associates at this address:

Proffer Surgical Associates
1611 Wallace Blvd
Amarillo, Texas 79106

You may also send a written complaint to the U.S. Department of Health and Human Service, Office of Civil Rights. Please know you will not be penalized for filing a complaint. Effective Date: September 11, 2006.