

Vascular Surgical Associates, PC
Notice of Privacy Practices for Protected Health Information as required by the Health Insurance Portability and Accountability Act (HIPAA).

This document explains how we may use and disclose your protected health information to carry out **treatment, payment, and health care operations**. In addition, this notice describes your rights with regard to access and control of this information. We may revise or amend the terms of this notice at any time. Any subsequent version will supercede any preceding version. The version in effect applies to all protected health information: past, present, and future. We will post the current notice in our office on our web site (www.vascularsurgical.com), and provide you with a copy at your request.

Protected Health Information (PHI) is the information that we create and obtain in providing our services to you. **PHI** may include information such as documentation of your symptoms, examination and test results, diagnoses, and care or treatment. Furthermore, **PHI** may contain details pertaining to your past, present, and even future care and include demographics and billing documents. This information enables us to perform functions ranging from providing your treatment to collecting payment to assessing treatment outcomes. Under HIPAA, we do not need permission to use your PHI for these activities: **treatment, payment, and healthcare operations**.

We may use your **PHI** for activities such as the provision, coordination, or management of healthcare and related services. Examples of possible uses and disclosures of your **PHI** for **treatment** purposes are as follows:

- A nurse obtains treatment information about you and records it in a health record.
- During the course of your treatment, one of our medical professionals - a physician, nurse, or nurse practitioner – determines that he/she needs to confer with another medical professional regarding your care. He/she would share **PHI** with the other health professional and obtain input.
- In order to schedule a test or procedure for you, we disclose **PHI** to a hospital, lab, or other healthcare facility in order to set up your appointment.
- We may disclose **PHI** to others who may assist in your care (e.g. home health agency, spouse, child, parent).
- We may leave a message on a machine, voice mail, or with a family member asking you to contact us regarding appointments or other matters.

We may use and disclose your **PHI** in order to obtain payment for your healthcare services. Examples of possible uses and disclosures of your **PHI** for **payment** are as follows:

- In order to obtain prior authorization from your insurance company, we contact your insurance company and explain the medical indications for the scheduled procedure hospitalization or test.
- Your insurance company requires pre-payment determination of medical necessity. We provide them with documentation to justify the service.
- We submit a claim to an insurance company on your behalf.

We may use your **PHI** in order to support the **business operations** of this office. Examples of use of your **PHI** for Health Care Operations are as follows:

- We may use or disclose your **PHI** in performing quality or outcome assessment activities.
- We may use or disclose your **PHI** in training of new employees.
- We may ask you to sign in at the front desk and call you by name in the waiting room when your physician is ready to see you.
- We may use or disclose your **PHI** to our legal or insurance service providers or business associates (e.g. transcriptionists) who require this information in order to provide us with their services.

Your Health Information Rights

The health and billing records we maintain are the physical property of Vascular Surgical Associates, PC. The information in the records, however, belongs to you. The following statements pertain to your rights with respect to this protected information:

- The right to request a restriction on certain uses and disclosures of your PHI: you may ask us not to use or disclose any portion of any part of your PHI for the purpose of treatment, payment, or healthcare operations. Submit your request on our pre-printed form listing the specific restriction requested and identify to whom it applies. If the physician agrees to the request, we will abide by the terms unless that disclosure is necessary to provide urgent treatment by delivering the request in writing on our pre-printed form to our office. We are not required to grant the request, but we will give any request due consideration.
- The right to obtain a copy of the Notice of Privacy Practices for our practice by making a request in person or by submitting your written request to 61 Whitcher Street, Suite 2100, Marietta, Georgia 30060; by phone at 770-423-0595; or on line at www.vascularurgical.com.
- The right to request that you be allowed to inspect and copy your health record and billing record as long as we maintain your record. Submit your request on the pre-printed form that you can obtain by calling, writing, or coming to our office. In limited circumstances, we may deny your access to your PHI. You may appeal a denial of access to your protected health information. We will select a licensed healthcare professional to consider your appeal.
- The right to request that your health care record be amended to correct incomplete or incorrect information for as long as we maintain your record and by completing the form that we provide to you upon your request. In some cases, for example if we believe that the record is both complete and accurate or it was not created by our practice, we may deny your request. If we deny your request, you have the right to file a statement of disagreement with us. You may also request that we attach your amendment request and our denial to all future disclosures of your PHI. We, in turn, may prepare a rebuttal of your statement. We will provide you with a copy of any rebuttal.
- The right to request an accounting of disclosures of your PHI as required to be maintained by law. The request must be delivered in writing on the pre-printed form that you can obtain by calling, writing, or coming in person to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or authorized by you or incidental to other permitted disclosures.
- The right to request that communications of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we give you upon request; and
- The right to revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office. We will provide you with the necessary form.

If you want to exercise any of the above rights, please contact our Privacy Officer in person or in writing at 61 Whitcher Street, Suite 2100, Marietta, Georgia 30060 or by phone at 770-423-0595 during working hours. They will provide you with assistance on the steps to take to exercise your right.

We have certain responsibilities with regard to your **Protected Health Information**. Our obligations are as follows:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and

- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our notice. You are entitled to receive a revised copy of the notice by calling and requesting a copy, by visiting our office and picking up a copy, or by checking our web site.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact our Privacy Officer at 61 Witcher Street, Suite 2100, Marietta, Georgia 30060 or by phone at 770-423-0595.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to our Privacy Officer at 61 Witcher Street, Suite 2100, Marietta, Georgia 30060 or by phone at 770-423-0595. You may also file a complaint by contacting Secretary of Health and Human Services. Our Privacy Officer will provide you with the address, phone number, and/or email address upon request. We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office. Nor can we or will we retaliate against you for filing a complaint with Secretary of Health and Human Services.

Other Disclosures and Uses

Notification - Unless you object, we may use or disclose your protected health information to notify, or assist in notifying a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

Communication with Family - Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Research - We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Disaster Relief - We may use and disclose your protected health information to assist in disaster relief efforts.

Funeral Directors or Coroners - We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

Organ Procurement Organizations - Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing - We may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA) - If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Public Health - As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Abuse & Neglect - We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Correctional Institutions - If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement - We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

Health Oversight - Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings - We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law or as directed by a proper court order.

Serious Threat to Health or Safety - To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

For Specialized Governmental Functions - We may disclose your protected health information for specialized government functions s authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Other Uses - Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with written authorization and you may revoke the authorization as previously provided.