

Vascular Surgery Associates

NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

**If you have any questions about this Notice please contact our Privacy Officer who is
Donna C. Gaspard**

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights with respect to your Protected Health Information. "Protected Health Information" is medical information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health and related health care services.

1. Uses and Disclosures of Protected Health Information for Treatment, Payment, and Health Care Operations.

The following are examples of the types of uses and disclosures of your Protected Health Information that Vascular Surgery Associates is permitted by the HIPAA Privacy Regulations to make for the purposes of treatment, payment, and health care operations. These examples are not meant to be exhaustive, but only to give examples of the types of uses and disclosures that may be made by our office for these purposes.

Treatment: We may use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party such as another physician's office. For example, we may disclose your Protected Health Information, as necessary, to a home health agency that provides care to you. We may also disclose Protected Health Information to other physicians who may be treating you. Your Protected Health Information also may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your Protected Health Information to another health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your treatment.

Payment: Your Protected Health Information may be used, as needed, to obtain payment for health care services that we provide to you. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your Protected Health Information be disclosed to the health plan to obtain approval for the hospital admission.

Health Care Operations: We may use or disclose your Protected Health Information in order to support the business activities of our practice. The activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

For example, we may disclose your Protected Health Information to medical students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your Protected Health Information, as necessary, to contact you to remind you of your appointment.

2. **Other Uses and Disclosures of Your Protected Health Information**

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We may also use and disclose your Protected Health Information in the following ways:

Business Associates: We may share your Protected Health Information with third party “business associates” that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your Protected Health Information, we will have a written contract that contains terms that will protect the privacy of your Protected Health Information.

Appointment Reminders and Other Information: We may use your Protected Health Information to provide appointment reminders or information about treatment alternatives or health-related benefits and services that may be of interest to you. For example, we may send you a newsletter about the practice or services that we offer.

3. **Other Permitted and Required Uses and Disclosures of Your Protected Health Information That May Be Made Without Your Authorization**

The following are descriptions of each of the other purposes for which Vascular Surgery Associates is permitted or required by the HIPAA Privacy Regulations to

use or disclose Protected Health Information without an individual's authorization.

We may use or disclose your Protected Health Information in the following situations without your authorization. These situations include:

Required by Law: We may use or disclose your Protected Health Information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your Protected Health Information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your Protected Health Information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your Protected Health Information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose your Protected Health Information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights law.

Abuse or Neglect: We may disclose your Protected Health Information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your Protected Health Information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your Protected Health Information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose Protected Health Information in the course of any judicial or administrative proceeding, in response to an order of a court or

administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose your Protected Health Information, provided applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may also disclose your Protected Health Information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose Protected Health Information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may also disclose your Protected Health 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.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your Protected Health Information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose Protected Health Information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose Protected Health Information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your Protected Health Information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your Protected Health Information may be disclosed by us as to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your Protected Health Information if you are an inmate of a correctional facility and your physician has created or received your Protected Health Information in the course of providing care to you.

4. Other Uses and Disclosures of Protected Health Information That May Be Made With Your Authorization or Opportunity to Object

We may use and disclose your Protected Health Information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your Protected Health Information. If you are not present or able to agree or object to the use or disclosure of the Protected Health Information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the Protected Health Information that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose Protected Health Information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your medical care, general condition or death. Finally, we may use or disclose your Protected Health Information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your Protected Health Information in an emergency treatment situation.

5. Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

Other uses and disclosures of your Protected Health Information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that our office has taken an action in reliance on the use or disclosure indicated in the authorization.

6. Your Rights With Respect to Your Protected Health Information.

The following are statements of your rights with respect to your Protected Health Information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your Protected Health Information.

This means you may inspect and obtain a copy of Protected Health Information about you that is contained in a designated record set for as long as we maintain the Protected Health Information. A “designated record set” contains medical and billing records and any other records that you physician and the practice uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and Protected Health Information that is subject to law that prohibits access to Protected Health Information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your Protected Health Information.

This means you may ask us not to use or disclose any part of your Protected Health Information for the purpose of treatment, payment or healthcare operations. You may also request that any part of your Protected Health Information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician does agree to the requested resection, we may not use or disclose your Protected Health Information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by contacting Vascular Surgery Associates Privacy Officer.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You may have the right to have your physician amend your Protected Health Information.

This means you may request an amendment of Protected Health Information about you in a designated record set for as long as we maintain this

information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical records.

You have the right to receive an accounting of certain disclosures we have made, if any, of your Protected Health Information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, or a facility directly, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this Notice from us, upon request, even if you have agreed to accept this notice electronically.

7. Duties of Vascular Surgery Associates With Respect to Your Protected Health Information

Legal Duties: Vascular Surgery Associates is required by law to maintain the privacy of Protected Health Information and to provide individuals with notice of its legal duties and privacy practices with respect to Protected Health Information. Through this Notice of Privacy Practices, we are providing you with this information.

Revisions to this Notice of Privacy Practices: We are required to abide by the terms of our Notice of Privacy Practices that is currently in effect. We reserve the right to change the provisions of our Notice of Privacy Practices. Whenever there is a material change to this Notice, we will make out best effort to provide you with a copy of the revised Notice on your next visit to our office.

8. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, Donna C. Gaspard at (225) 769-4493 or dgaspard@brvsa.com for further information about the complaint process.

This notice was published and becomes effective on April 14, 2003.