

SURGICAL ASSOCIATES, PC
GENERAL, THORACIC AND LAPAROSCOPIC SURGERY
2900 12TH AVE NORTH * SUITE 355W
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(406) 238-6470 * (406) 238-6499

NOTICE OF PRIVACY PRACTICES

TO OUR PATIENTS: This notice describes how medical information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your this information. Please review it carefully.

About This Notice

We are required by law to maintain the privacy of Protected Health Information and to give you this Notice explaining our privacy practices with regard to that information. You have certain rights – and we have certain legal obligations – regarding the privacy of your Protected Health Information, and this Notice also explains your rights and our obligations. We are required to abide by the terms of the current version of this Notice.

What is Protected Health Information?

“Protected Health Information” (PHI) is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

Our commitment to your privacy:

Surgical Associates, PC is dedicated to maintaining the privacy of your PHI. This notice describes our privacy practices and our commitment to keeping your personal information secure.

How Surgical Associates, PC may use or disclose your PHI:

Treatment- We may use and disclose your information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example, we would disclose your information, as necessary, to a pharmacy that would fill your prescriptions. We will also disclose your health information to other healthcare providers who may be involved in your care and treatment.

Payment- Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as, making a determination of eligibility or coverage for insurance benefits.

Health Care Operations- We may use or disclose, as needed, your PHI in order to support the business activities of our practice. This includes, but is not limited to, business planning and development, quality assessment and improvement, medical review, legal services, and auditing functions.

Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services-We may use and disclose Protected Health Information to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

Research-We may use and disclose your Protected Health Information for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your Protected Health Information. Even without that special approval, we may permit researchers to look at Protected Health Information to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any Protected Health Information. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.

To Others Involved in Your Healthcare- Unless you object, we may disclose PHI to anyone you identify (such as a family member, a relative, a close friend, or any other person that is involved in your care or helps to pay for your care) that relates to that person's involvement in your healthcare. Please note identification requires a signed authorization. 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. In this case, only the PHI that is necessary will be disclosed.

Business Associates- We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information.

Health Information Organizations- Surgical Associates, PC may elect to use a health care organization, or other such organization to facilitate the electronic exchange of information for the purpose of treatment, payment, or healthcare operations.

Other Permitted Uses and Disclosures: As Required by Law, we may also disclose health information to the following types of entities, including but not limited to:

- *Public health or legal authorities charged with preventing or controlling disease, injury, disability, or other threat to health or safety*
- *The U.S. Food and Drug Administration*
- *Workers Compensation and similar programs.*
- *Correctional institutions (if you are in custody of a correctional institution or a law enforcement officer)*
- *Organ and tissue donation organizations*
- *Military, Veterans, National security, intelligence agencies, and other Government Purposes*
- *Coroners, Funeral Directors, or Medical Examiners*
- *Protective services for the president and others*

Your rights regarding your PHI:

The Right to receive a paper copy of the Notice of Privacy Practices- You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website at <http://www.billingssurgeons.org/>

The right to authorize other use and disclosure- This means you have the right to authorize any use or disclosure of PHI that is not specified within this notice. For example, we would need your authorization in order to use or disclose our PHI for marketing purposes, for most uses or disclosures of psychotherapy notes, or if we intended to sell your PHI. You may revoke an authorization, at any time, in writing, except to the extent that your healthcare provider, or our practice has taken an action in reliance on the use or disclosure indicated in the authorization.

The right to request an alternative means of confidential communication- This means you have the right to ask us to contact you about medical matters using a method (i.e., email, telephone), and to a destination (i.e., cell phone number, alternative address, ect.) designated by you. We will follow all reasonable requests. You must inform us in writing how you wish to be contacted (using a form provided by our practice).

The right to inspect and copy your PHI- This means you may inspect and obtain a copy of PHI about you that is contained in your patient record. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable fee for paper or electronic copies as established by professional, state, or federal guidelines.

The right to request an amendment to your PHI- This means you may request amendment of your PHI for as long as we maintain this information. In certain cases, we may deny your request for an amendment.

The right to request a restriction of your PHI- This means you may ask us, in writing, not to use or disclose any part of your PHI for the purpose of treatment, payment, or healthcare operations. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the information is needed for your treatment. In certain cases, we may deny your request for a restriction. You will have the right to request, in writing, that we restrict communication to your health plan regarding a specific treatment or service that you, or someone on your behalf, has paid in full, out-of-pocket. We are not permitted to deny this specific type of requested restriction.

The right to request disclosure accountability- This means that you may request a listing of disclosures that we have made, of your PHI, to entities or persons outside of our office.

The right to file a complaint- If you believe your privacy rights have been violated, you may file a complaint with the Surgical Associates, PC Privacy Officer All complaints must be submitted within 180 days of the suspected violation and must be in writing. You will not be penalized for filing a complaint. To file a complaint with our practice contact:

Privacy Officer, Surgical Associates, PC
2900 12th Ave North, Suite 355W
Billings, MT 59101
(406) 238-6470.

If Surgical Associates, PC cannot resolve your concern, you may also file a complaint with the Federal Government by contacting:

U.S. Department of Health and Human Services
999 18th Street, Suite 417
Denver, CO 80202
(800) 368-1019

Changes to This Notice:

We reserve the right to change this notice; the revised notice will be effective for information we already have about you as well as any information we receive in the 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 at <http://www.billingsurgeons.org/> and will be provided to you upon your next visit to our facility after the effective date.

If you have any questions regarding this notice of our Health Information Privacy Policies, please contact us at (406) 238-6470 or by writing to, Surgical Associates, PC, Privacy Officer, 2900 12th Ave N, Suite 355W, Billings, Montana 59101.