

NOTICE OF PRIVACY PRACTICES

FOR

Premier Surgical Specialists

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

Privacy Officer:
Mark Herman, M.D.

INTRODUCTION

Premier Surgical Specialists is committed to protecting your personal medical information. We create a record of the care you receive each time you visit our office. This information is referred to as your personal health or medical record. We use this information to provide you with quality care. Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

This notice will tell you about the ways in which we may use and disclose your medical information, whether by your personal physician, employee, staff or volunteer organization personnel. This notice will also describe your rights and the obligations we have regarding the use and disclosure of your medical information.

This office is required by law to:

- Make sure that medical information that identifies you is kept private.
- Maintain all health information concerning your care according to the privacy requirements of the law.
- Advise you of our notice of privacy practices and legal obligations.

HOW WE MAY USE OR DISCLOSE YOUR PRIVATE HEALTH INFORMATION

The following describes the different ways that your medical information may be used or disclosed by this office. For clarification we have included some examples. Not every possible use or disclosure is specifically mentioned. However, all of the ways we are permitted to use and disclose your medical information will fit within one of these general categories:

TREATMENT

We may use health information about you to provide medical treatment or services. We may disclose information about you to doctors, nurses, technicians, and other personnel who are involved in providing your medical treatment.

PAYMENT

We may use health information about you in order for our practice to bill for the treatment and care you receive. In order to collect fees for the services and treatment provided, we may bill either you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

HEALTHCARE OPERATIONS

We may use and disclose health information pertaining to your care and treatment by our practice in order to implement your health care operations in the most productive manner. For example, we may determine that it is necessary to utilize medical information from your records to review our staff policies concerning treatment. We may also compile statistics from your records together with other patient's files in order to determine if certain medical techniques are effective, and if we need to consider new treatments. We may compare medical information from your records with information from other hospitals or physician offices to determine how we

may improve delivery of our medical services. We may also disclose information to doctors, nurses, technicians and other medical personnel for review and learning purposes.

APPOINTMENT REMINDERS

We may use and disclose health information in order to contact you by telephone, mail, or e-mail in order to remind you or confirm an appointment for treatment.

TREATMENT ALTERNATIVES

We may use and disclose health information in order to advise you of available treatment alternatives.

HEALTHCARE RELATED BENEFITS AND SERVICES

We may use and disclose health information to inform us of other health related benefits and services that may be of interest to you.

RESEARCH

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition.

PUBLIC SAFETY

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

NOTIFICATION AND COMMUNICATION WITH INDIVIDUALS INVOLVED IN YOUR CARE

We may use and disclose your health information to notify or assist in notifying a family member, friend, (your personal representative), or any other person who is responsible for your care. We may provide information to an individual who assists in paying for your care and treatment. We may divulge information about your condition to your family or friends as well as advising that you have been admitted to a hospital, if relevant. If you are available to either agree or object, we will give you the opportunity to object prior to making this notification. If you are not in a condition to make this determination, then our health care professionals will use their best judgment in notifying your family and other concerned individuals.

PUBLIC HEALTH SAFETY

It is required by law that under the following circumstances, we may disclose your health information to public health authorities for reasons related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect or domestic violence; reporting to the Food and Drug Administration regarding any problems with reactions to medications or products; notification regarding an individual who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition.

HEALTHCARE OVERSIGHT ACTIVITIES

We may use and disclose medical information to a governmental or other oversight agency for activities authorized by law. For example, disclosures of your medical information may be made in connection with audits, investigations, inspections, and licensure renewals, etc.

REQUIRED BY LAW

We will disclose health information concerning your health information when we are required to do so by federal, state or local law.

JUDICIAL AND ADMINISTRATIVE

If you become involved in any judicial dispute or administrative proceeding, we may disclose health information about you when necessary to respond to a court or administrative order. Further, we may also disclose health information concerning you if required to do so in response to a subpoena, discovery request, or any other lawful process by another individual who may be involved in the dispute (but we will disclose such information only if we have attempted to advise you of the request or to obtain a protective order for the requested information).

LAW ENFORCEMENT

We may use and disclose your health information to a law enforcement official or agency when requested to do so for the following purposes: identification or location of a suspect, fugitive, material witness or missing person; in response to a court order, subpoena, summons, warrant or other court document; with regard to a crime victim, if under certain circumstances, we are unable to obtain the person's agreement.

NATIONAL SECURITY

We may use and disclose health information about you to authorized federal officials for military, national security, intelligence, counterintelligence, and other national security issues required by law.

WORKERS COMPENSATION

We may use and disclose health information about you in order to comply with workers compensation laws. We may disclose health information concerning you to health oversight agencies which are involved in procuring, banking or transplanting organs and tissues, in order to assist in donation and transplantation.

DECEASED PERSON INFORMATION

We may use and disclose your health information as requested by coroners, medical examiners and funeral directors.

MILITARY SERVICE

We may use and disclose health information concerning you if you are a member of the armed forces and may be required by military command authorities.

INMATES

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official for the purpose of providing care for you.

YOUR HEALTH INFORMATION RIGHTS

You have the right to inspect and copy your medical information, such as medical and billing records, used to make decisions about your care. You must submit a written request to Premier Surgical Specialists. If you request a copy of the information, we may assess a reasonable, cost-based fee for the copying, mailing, or other documents associated with your request. We may deny your request to inspect and copy in certain and very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. You have the right to request restrictions on certain uses and disclosures of your health information. Premier Surgical Specialists is not required to agree to a requested restriction that you have requested. For information regarding such a review contact Premier Surgical Specialists.

RIGHT TO AMEND

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by this office. To request an amendment, your request must be in writing and submitted to Premier Surgical Specialists. In addition you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the requests. In addition we may deny your request if you ask us to amend information that was not created by us, is not part of the medical information kept by this office, is not part of the information which you would be permitted to inspect and copy or is accurate and complete.

ACCOUNTING OF DISCLOSURES

You have the right to request an accounting of certain disclosures of your health information. To receive the list of account disclosures, you must submit your request in writing to Premier Surgical Specialists. Your request must indicate a time period that may not be lengthier than six (6) years and may not include dates prior to April 13, 2003. We may charge a reasonable, cost-based fee for each additional request after a 12 month period.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request restrictions on certain uses and disclosures of your health information with regard to treatment, payment or health care operations. Premier Surgical Specialists is not required to agree to the requested restriction. If we do agree, we will abide by your request unless the information is required to provide you with emergency treatment. To request restrictions you must make certain that your request is in writing to Premier Surgical Specialists. In your request you must advise us of the following: What information you want to limit, whether you want to limit use or disclosure or both, and to whom you want the limits to apply.

RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE

You have the right to receive a paper copy of this notice upon request, and at any time. You are entitled to this paper copy even if you have received a prior electronic transmittal of the notice.

REVISIONS OF THIS NOTICE

Premier Surgical Specialists reserves the right to change the terms of its notice and to make the new notice provisions effective for all health information we already maintain on file about you or as to any information we may receive in the future. We will post a copy of the revised notice with the effective date in our office.

COMPLAINTS

If you believe your privacy rights have been violated, you have the right to file a complaint with Premier Surgical Specialists or with the Office for Civil Rights. There will be no retaliation for filing a complaint with either. The address is as follows for the OCR:

**Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201**

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of health information not covered by this Notice will be made only with your written authorization. You must provide written authorization, which can be revoked at any time in writing as well and we will no longer disclose any health information about you.