

NEBRASKA SURGICAL SPECIALISTS, LLC

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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (health information that contains your name or other personally identifiable 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 to access and control your protected health information.

The new Federal Privacy Rule grants new federal rights to individuals with respect to health information about them. These rights include the right to request and receive the Notice of Privacy Practices, the right to sign or not sign authorizations relating to your protected health information, and the opportunity to object to or "opt-out" of certain types of communications made by physicians' offices, hospitals, insurers and others. There are additional rights concerning the health information that we maintain about you.

Health Information Rights for Patients:

1. **The right to request restrictions.** You have the right to request us to limit how we use and disclose your protected health care information beyond what the Privacy Rule requires. You may ask us to limit how we use and disclose your health information for treatment, payment or health care operations. You may ask us to limit the information we provide to your family or others you identify concerning your care or payment for your care. Your request must be in writing, and must tell us what information you want us to limit, whether you want us to limit uses, disclosures, or both, and to whom the limits apply. The agreement cannot prevent uses or disclosures to you, or prevent disclosures for the public good (for example, you cannot prevent disclosure to public health agencies in the case of a communicable disease), or if an emergency exists. We do not have to agree to your request, but your request will be documented.
2. **The right of access to your records:** You have the right to inspect and obtain copies of your protected health information with the exception of psychotherapy notes, information compiled for use in a civil, criminal, or administrative action, and certain types of laboratory results. Your request must be in writing. There will be a charge for the cost of copying the record.
3. **The right to request amendments:** You have the right to ask us to amend health information about you that you think is incorrect or incomplete. Your request must be in writing, and you must provide a reason to support the amendment of your record. We may deny your request if the information was not created by our medical practice, is not part of the record that you are allowed to see, or is accurate and complete.
4. **The right to alternative communications:** You have the right to request that we communicate your protected health information to you by alternative means or alternative locations in order to ensure the confidentiality of your health information. An example of this would be for you to ask us to call you only on your cell phone and not at your home. If you wish to have us use an alternative means of communication, please indicate this on your patient information form.
5. **The right to an accounting:** You have the right to receive an accounting of the disclosures of protected health information that we have made in the 6 years immediately preceding the date of your request. (Not prior to April 14, 2003). There are some disclosures that we cannot provide, including those made to carry out treatment, payment, or health care operations, or those made with your authorization.

Our Responsibilities: Nebraska Surgical Specialists will:

- **Protect the privacy of your health information according to the requirements of the law**
- **Provide you with a current copy of its Notice of Privacy Practices upon request**
- **Follow its Notice of Privacy Practices that is currently in effect**

How Nebraska Surgical Specialists, LLC may use or disclose your health information **WITHOUT YOUR AUTHORIZATION**:

- **Treatment:** We may use or disclose your protected health information for treatment purposes. For example, we will provide health information to another physician who may be treating you, or to Home Health agencies that provides care to you.
- **Payment:** We may use your protected health information to obtain payment for your health care services, and to obtain prior approval for surgical procedures and hospitalizations. For example, we will disclose your personal information and the type of surgical procedure that is planned to your insurance company for prior authorization for your hospital stay.
- **Healthcare Operations:** We may use or disclose your protected health information to support the business activities of our office. These activities include, but are not limited, to, quality assessment activities, employee training, and training of medical students and resident physicians. For example, we may call you by name in our waiting room; we may use your medical record to teach filing procedures to a new employee. We may use protected health information to schedule appointments, or to contact you to remind you of your appointment (for example, a reminder card or phone call for your mammogram). We will share your protected health information with third party business associates who provide billing, transcription or computer services. We will have written privacy contracts with each of our business associates to protect the confidentiality of your protected health information.
- **Workers' Compensation:** We may use or disclose your protected health information to comply with workers' compensation laws and other similar legally established programs.
- **Uses Required or Permitted by Law:** We may use or disclose your protected health information to the extent that it is relevant:
 - To report victims of abuse, neglect or domestic violence
 - To assist law enforcement officials in their law enforcement duties
 - To respond to a court order, subpoena, warrant, summons or similar legal process for judicial and administrative proceedings
 - To notify the authorities if we suspect you are the victim of an accident or a crime, or if we suspect that death has resulted from criminal conduct
 - To report a crime committed in our office or to ensure the health and safety of you or any other person
 - To public health officials for the prevention or control of communicable disease or for evaluation of the safety quality or effectiveness of a healthcare product or device
 - To health oversight agencies that perform audits, investigations, and inspections to monitor the healthcare system, government health programs and compliance with civil rights laws
 - To medical surveillance of employee workplaces
 - To coroners, medical examiners and funeral directors who request information to carry out their duties or to identify the deceased or to determine a cause of death
 - To National Security officials for their activities or for protection of the President or other Heads of State
 - To military command officials if you are a member of the armed forces
 - To correctional institution officials if you are an inmate. This information will be to provide you with health care, to protect the health and safety of others, or for the safety of the correctional institution.

Additional uses of your protected health information that are permitted by law **WITHOUT YOUR CONSENT** but are less likely to occur in the usual activities of Nebraska Surgical Specialists, LLC:

- **Organ retrieval or donation:** We may share you health information with organizations that manage, bank, or transplant organs and tissues
- **Research:** We may use or disclose your health information for research if that research is approved by an institutional review board or privacy board that has reviewed the research proposal and its privacy provisions
- **Treatment alternatives:** We may use your health information to notify you about treatment alternatives that are relevant to your health

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.
