

# ASSOCIATED SURGICAL GROUP, SC

# NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

## THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Associated Surgical Group, SC (ASG) acts to maintain the privacy of your medical / financial information (or Protected Health Information). We are providing you with a Notice that describes our legal duties and privacy practices as required by law.

ASG provides its Notice of Privacy Practices to every patient with whom we have a direct treatment relationship. This Notice is also available to any member of the public at their request.

**Documentation of Notice.** When a patient arrives at our office for treatment, ASG will ask the patient to sign a "Receipt of Notice of Privacy Practices" form. A copy of this Notice will also be posted in our waiting area. This form will be filed in the medical record. If the patient refuses to sign the form, it will be noted on that form.

**Effective date and changes.** This notice is effective April 14, 2003. ASG reserves the right to revise this Notice whenever the information listed should change by decision of ASG or government requirements.

If the Notice is revised, ASG will make the revised Notice available upon request beginning on the revision's effective date. The revised Notice will be posted in our waiting area and will be available to anyone who wishes one, including anyone who has received a previous Notice.

### **Uses and Disclosures of Protected Health Information.**

ASG reasonably ensures that the protected health information (PHI) it requests, uses, and discloses for any purpose is the minimum amount of information necessary for that purpose.

ASG makes reasonable efforts to ensure that patient information is only used by and disclosed to individuals that have a right to that information. Toward that end, ASG will make efforts to verify the identity of those using or receiving your information.

### **Treatment, Payment, and Health Care Operations.**

ASG may use and disclose medical information about you without your prior authorization for treatment, payment, and health care operations. *Treatment* includes those activities related to providing services to you, including releasing information to other health care providers involved in your care. *Payment* relates to all activities associated with getting reimbursed for our services provided, including submission of claims to insurance companies and any additional information requested by the insurance company so they can determine if they should pay the claim. *Health care operations* includes a number of areas, including cooperating with outside organizations that assess the quality of care that we provide. Also included would be calling your name when your physician is ready to see you and a communication reminding you of an appointment.

### **Disclosure to Those Involved in Your Care.**

Unless you object or request additional privacy restrictions or alternative communications that are accepted by us, ASG may, in the exercise of professional judgment, disclose to your legal guardian, family member, other relative, close friend, or other individual, protected health information directly relevant to such person's involvement with your care or payment related to such care.

### **Other Disclosures Required by Law.**

ASG may also use or disclose protected health information about you without your prior authorization for reasons required by law.

- *Public Health Activities*; for the purpose of preventing or controlling diseases.
- *Abuse, Neglect, or Domestic Violence*; to the appropriate authorities as required.
- *Health Oversight Activities*; for audits, investigations, licensure issues, and other activities.
- *Judicial, Administrative, and Law Enforcement Purposes*; for example, in response to a subpoena or a request from a law enforcement officer.
- *Workers' Compensation, Organ and Tissue donation, Funeral Directors, Coroner, for your Health and Safety*, and for otherwise as required by law.

## **Marketing Purposes.**

ASG does not use or disclose any protected health information for marketing purposes.

## **Business Associates.**

ASG will share your protected health information with third party "business associates" that perform various activities (e.g., legal, accounting services) for us. We will have a written contract that contains terms that will protect the privacy of your information.

## **Uses and Disclosures Requiring Your Written Authorization.**

ASG will obtain a written authorization from you or your representative for use and disclosure of your protected health information except for purposes described above.

In Illinois, specific written authorization is required to disclose or release highly confidential information such as HIV / Acquired Immune Deficiency Syndrome (AIDS) information. That information will only be released with a valid authorization or when required by law.

ASG allows you to revoke an authorization at any time, allowing to the extent we have taken action in reliance to that authorization. The revocation must be in writing and must be sent to the attention to our Privacy Officer.

## **Your Rights Regarding your Medical Information.**

**Right to inspect and copy your health information.** ASG allows you to inspect and receive a copy of your protected health information. If you desire access to your records, please request an authorization from our office. ASG may charge a fee, for requested copies, to cover the cost of copying, mailing, or other related costs.

**Right to amend your records.** ASG allows a patient to request that we amend the protected health information. The patient can do this by requesting our amendment request form from our Privacy Officer. We will comply with the request unless we believe that the information is accurate or other special circumstances apply. The patient does have the right to appeal our decision not to amend the information.

**Right to request confidential communications.** ASG will accommodate all reasonable requests to keep patient communications confidential. The request must be in writing, and it must specify an alternative address or other method of contact and must provide information about how payment will be handled. The request must be sent to the Privacy Officer.

**Right to receive an accounting.** ASG will provide, upon request, an accounting of certain disclosures of your protected health information. You can receive an accounting of up to 6 years previous to your request and only disclosures after April 14, 2003. You are allowed one free request over a 12-month time span. Then there will be a charge for each additional request.

**Right to request additional restrictions.** ASG will accept, in writing, all requests for restrictions of disclosures of your protected health information. ASG will consider all requests submitted; however, we are not required to accept those restrictions. A response will be given to all requests. Send requests to the attention of the Privacy Officer.

## **Complaints.**

ASG is interested in any questions or concerns our patients have about their privacy rights. Please contact our Privacy Officer, in writing, with those questions and concerns. You may also submit written complaints to the Director, Office for Civil Rights of the Department of Health and Human Services. Our Privacy Officer will provide you with the address. ASG will not take adverse action against you for filing a complaint against this practice.

## **Privacy Officer.**

You may contact our Privacy Officer at:

Privacy Officer  
Associated Surgical Group  
7303 N Knoxville Ave  
Peoria, IL 61614

Telephone Number: 309/691-4005