

APEX SURGICAL PARTNERS
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!!

Understanding Your Health Record/Personal Health Information:

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information often, referred to as your health or medical record, serves as a basis for planning your care and treatment, and is a means of communication among the many health professionals who contribute to your 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.

Your Health Information Rights:

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it; the information in the record belongs to you. You have the right to obtain a paper copy of the notice of information practices and upon request, inspect, and obtain a copy of your health record. You have the right to obtain an accounting of disclosures of your health information, request communications of your health information by alternative means or at alternative locations, revoke your authorization to use or disclose health information except to the extent that action has already been taken. You have the right to request a restriction on certain uses and disclosures of your information. 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 your requested restriction, except if you request that the physician not disclose protected health information to your health plan with respect to healthcare for which you have paid in full out of pocket. You have the right to receive notice of a PHI security breach. Clients also have the right to amend their record for as long as the record is kept.

Our Responsibilities:

Apex Surgical is required by law to maintain the privacy of your health information. In addition, we are also required to provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. Apex Surgical must also: abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, accommodate reasonable requests you may have, communicate health information

by alternative means or at an alternative location. We will not use or disclose your health information without your authorization, except as described in this notice. We will notify you if your unsecured protected health information has been breached.

Examples of Uses/Disclosures for Treatment, Payment and Health Operations:

We will use your health information for treatment:

Information obtained by a healthcare practitioner will be recorded in your record and used to determine the course of treatment and to communicate expectations, orders, and other necessary information with all practitioners involved in your care. We will also provide your other practitioners with copies of various reports that should assist them in treating you.

We will use your health information for payment: A bill may be sent to you or your third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations:

Members of the office staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business Associates:

There may be some services provided in our office through contracts with Business Associates. Examples include pathologists, radiologists or other physicians who are responsible for interpreting diagnostic test you've received, our laboratory vendor and other diagnostic testing providers. When these services are contracted, we may disclose some or all of your health information to our Business Associates so that they can perform the job we've asked them to do. To protect your health information, however, we require all Business Associates to sign an agreement to appropriately safeguard your information.

Notification:

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

Communication with family:

Health professionals, using their best judgment, may disclose to a family member, other relatives, close personal friends or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Funeral Directors:

We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ Procurement Organizations:

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Food and Drug Administration (FDA):

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacements.

Workers Compensation:

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law

Public Health:

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Correctional Institution:

Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of others.

Law Enforcement:

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provisions for your health information to be released to appropriate health oversight agencies, public health authority or attorney, provided that a work force member or Business Associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Uses/Disclosures that Require Your Authorization:

Without your authorization, we are expressly prohibited from using or disclosing your protected health information for marketing purposes.

We may not sell your protected health information without your authorization.

You do have the right to "opt out" with respect to receiving fundraising communications from us.

We may not use or disclose most psychotherapy notes contained in your protected health information.

We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes

There may be other uses & disclosures not described in this notice.

IF YOU BELIEVE THAT YOUR RIGHTS HAVE BEEN VIOLATED

You may file a complaint with the Privacy Officer or Secretary of the Department of Health and Human Services.

Please Contact:

Jenny Buchloh, HIPAA Privacy Officer
1606 Prairie Center Pkwy, Ste. 120, Brighton, CO 80601
(303) 498-3010

All complaints must be submitted in writing. There will be no retaliation for filing a complaint.

CHANGES TO THIS NOTICE

Apex Surgical Partners will abide by the terms of the Notice currently in effect. Apex Surgical Partners reserves the right to change the terms of this Notice at any time. Any new notice provisions will be effective for all protected health information that it maintains. You have the right to review this. The notice will be prominently posted in the office where registration occurs and on our website. All new patients will be given a hard copy and established patients a copy upon request.

<http://www.apexsurgicalpartners.com/> Revised: June 11, 2015