

LA-SURGICAL

Minimally Invasive Bariatric and General Surgery

This Notice of Privacy Practices describes how we may use and disclose your protected health 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. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent.

You will be asked by your physician to sign a consent form. Once you have consented to use and disclosures of your protected health information for treatment, payment and health care operations by signing the consent form, your physician will use or disclose your protected health information as described in this Section 1. Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

Following are some examples of uses and disclosures of your protected health information that the physician's office is permitted to make once you have signed our consent form. These are limited examples and are not the totality for which your protected health information may be used.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your information. We also may disclose your information to other physicians who may be treating you or become involved in your care.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services or obtain authorization for your treatment.

We will share your protected health information with third party "business associates" that perform various activities (eg. billing, transcription services) for the practice. These entities will sign a privacy agreement with our office to protect your health information.

We may use your protected health information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Use and Disclosures of Protected Health Information Based Upon Your Written Authorization

Other Uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time in writing except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your information. If you aren't present or able to agree or object to the use, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the information that is relevant to your health care will be discussed.

Others Involved in your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your care. If you are unable to agree the physician will disclose necessary information based on professional judgment. We may use information to assist in notifying a family member, personal representative or any other person responsible for your care, your location, general condition or death. Your information may be disclosed to an authorized public or private entity to assist in disaster relief efforts.

Emergencies: We may disclose your protected health information in an emergency treatment situation.

Communication Barriers: We may use and disclose your protected health information if your physician attempts to obtain consent from you but is unable to do so due to substantial communication barriers.

Other Permitted and Required Uses and Disclosures that May be Made Without Your Consent, Authorization or Opportunity to Object

Required By Law: We may use or disclose your protected health information to the extent that the law requires the use or disclosure which will be made in compliance with the law.

Public Health: We may disclose your protected health information for public health activities. We may also disclose your information, as permitted by law, to a public health authority to collect or receive information for controlling disease, injury or disability.

Communicable Disease: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or be at risk of contract or spreading a disease.

Health Oversight: We may disclose protected health information to a health oversight agency such as health care system, government benefit programs, other government regulatory programs or civil rights agencies.

Abuse or Neglect: We may disclose your protected health information to a public authority to report abuse or neglect.

Food and Drug Administration (FDA): We may disclose your protected health information to a person or company required by the FDA to report adverse events, product defects or problems, biologic product deviations, or track products to enable recalls.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding.

Law Enforcement: We may also disclose protected health information so long as applicable legal requirements are met, for law enforcement purposes.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner, funeral director or for organ donation purposes.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel. We may also disclose information to authorized federal officials for conducting national security intelligence activities.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

2. Your Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. To obtain a copy, you must send a written request to our office.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, healthcare options or disclosure to any family members or friends. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request if the physician determines it is not in your best interest. Please discuss any restrictions you wish to request with your physician and make these requests in writing with the exact information you wish to have restricted.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable request and may condition the accommodation by asking for additional payment. Please make this request in writing.

You may have the right to have your physician amend your protected health information. In certain cases, we may deny your request. In these cases, you have the right to file a statement of disagreement and we would prepare a rebuttal of which a copy will be provided to you. Any amendments must be made in writing to the office.

You have the right to obtain a paper copy and/or electronic copy of this notice from us.

3. 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 office manager of your complaint. All complaints must be made in writing. You will not be penalized for filing a complaint.