

ADVANCED SURGEONS, P.C.

LEADING-EDGE, FAITH-BASED CARE

3686 Grandview Parkway Suite 400
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(205) 595-8985



NOTICE OF PRIVACY PRACTICES

EFFECTIVE SEPTEMBER 5, 2003

**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.**

OUR PROMISE TO YOU, OUR PATIENTS

Your information is important and confidential. Our ethics and policies require that your information be held in strict confidence.

Introduction

At Advanced Surgeons, P.C., we are committed to treating and using protected health information about you responsibly. We maintain protocols to ensure the security and confidentiality of your personal information. Within our practice, access to your information is limited to those who need it to perform their jobs.

This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective September 15, 2003, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Advanced Surgeons, P.C., a record of your visit is made. Typically this record contains your symptoms, examinations 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
- * Means of communication among the many health professionals who contribute to your care,
- * Legal document describing the care you received,
- * Means by which you or a third-party payer can verify that services billed were actually provided,
- * A tool in educating health professionals,
- * A source of data for medical research,
- * A source of information for public health officials charged with improving the health of this state and nation,
- * A source of data for our planning and marketing,
- * A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

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 disclosures to other.

Your Health Information Rights

Although your health record is the physical property of Advanced Surgeons, P.C., the information belongs to you, You have the right to:

- * You have the right to request a restriction on certain uses and disclosures of your information for treatment, payment, health care operations and as to disclosure permitted to persons, including family members involved with your care. However, we are not required by law to agree to a requested restriction.
- * You have the right to obtain a paper copy of this notice of information practices upon request.
- * Except under certain limited circumstances, you have the right to inspect and request a copy of your health record. We will charge you a reasonable fee for copying your records.
- * If you believe that information in your records is incorrect or incomplete, you have the right to request that we amend your health record. However, we are not required by law to agree to a request to amend your health record. We will notify you if we are unable to grant your request. Except under certain limited circumstances, you have the right to inspect and request a copy of your health record.
- * You do not have the right to free copies of your record. We will charge you a reasonable fee for copying your records.

If you believe that information in your records is incorrect or incomplete, you have the right to request that we amend your health record. However, we are not required by law to agree to a request to amend your health record. We will notify you if we are unable to grant your request.

- * You have the right to ask for a list of instances when we have disclosed your health information for any reasons other than treatment, payment, healthcare operations or upon in a twelve month period, we may charge you a fee for responding to your request. You have the right to request communications of your health information by alternative means or at alternative locations.

For Example, you may ask that we contact you only at home or through a post office box. We will accommodate reasonable requests.

- * You have the right to revoke your authorization to use or disclose health information except to the extent that action has already been taken.

**WRITTEN REQUEST SHOULD BE DIRECTED TO:
PRIVACY OFFICER, ADVANCED SURGEONS, P.C.
3686 GRANDVIEW PARKWAY, SUITE 400
BIRMINGHAM, ALABAMA 35243**

Our Responsibilities

Advanced Surgeons, P.C., is required to::

- * Maintain the privacy of your health information,
- * Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- * Abide by the terms of this notice,
- * Notify you if we are unable to agree to a requested restriction, and
- * Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change we are not required to notify you, but we will have the revised notice available for you upon request.

We will not use or disclose your health information without your written authorization, except as described in this notice or permitted by law.

Examples of Disclosures

The following categories describe different ways that we use and disclose medical information.

We Will Use Your Health Information for Treatment.

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your medical information will be shared among health care professionals involved in your care.

We Will Use Your Health Information for Payment.

For example: A bill may be sent to you or a third-party payer such as an insurance company for an HMO. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, the medical procedures performed on you, and supplies used in taking care of you.

We Will Use Your Health Information For Regular Health Care Operations.

We may disclose your health information for our routine operations. These uses are necessary for certain administrative, financial, legal, and quality improvements activities that are necessary to run our practice and support the core functions.

For example:

Members of the quality improvement team may use information in your health record to access 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 cost.

Appointment Reminders

We may disclose medical information to provide appointment reminders (e.g., contacting you at the phone number you have provided to us and leaving message as an appointment reminders).

Decedents

Consistent with applicable law, we may disclose health information to a coroner, medical examiner, or funeral director.

Workers Compensation

We may disclose health information to the extent authorized by and 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.

Research

We may disclose information to researchers when their research has been approved and the researchers has obtained a required waiver from the Institutional Review Board/Privacy Board, who has reviewed the research proposal.

Organ Procurement Organizations

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

As Required By Law

We may disclose health information as required by law. this may include reporting a crime, responding to a court order, grand jury subpoena, warrant, discovery request, or other legal process, or complying with health oversight activities, such as audits, investigations, and inspections, necessary to ensure compliance with government regulations and civil rights laws.

Specialized Government Functions

We may disclose health information for military and veterans affairs or national security and intelligence activities.

Practice Marketing

We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you (for example, to notify you of any new tests or services we may be offering).

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 calls, repairs, or replacement.

Personal Representative

We may disclose information to your personal representative (person legally responsible for your care and authorized to act on your behalf in making decision related to your health care).

To Avert A Serious Threat To Health/Safety

We may disclose your information when we believe in good faith that is necessary to prevent a serious threat to your safety or that of another person. This may include cases of abuse, neglect, or domestic violence.

Communication With Family

Unless You Object, health professionals, using their best judgment, may disclose to a family member or close personal friend health information relevant to that person's involvement in your care or payment related to your care. We may notify these individuals of your location and general condition.

Disaster Relief

Unless You Object, we may disclose health information about you to an organization assisting in a disaster relief effort.

For all non-routine operations, we will obtain your written authorization before disclosing your personal information. In addition, we take great care to safeguard your information. In addition, we take great care to safeguard your information in every way that we can to minimize any incidental disclosures.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have any questions and would like additional information, you may contact
Advanced Surgeons P.C. at 205-595-8985