

**SURGICAL ASSOCIATES OF NEENAH, S.C.**  
**NOTICE OF HEALTH CARE 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. PLEASE REVIEW IT CAREFULLY.**

As a patient, it is your right to be informed of the privacy practices of your health care provider and to be informed of your privacy rights with respect to your personal health information. Your personal health information is information that constitutes "protected health information" as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 ("health information"). This Notice of Privacy Practices is intended to provide you information regarding your rights and Surgical Associates of Neenah, S.C.'s ("Surgical Associates") privacy practices.

**DUTIES OF SURGICAL ASSOCIATES**

Surgical Associates is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices regarding your health information. Surgical Associates is required to abide by the terms of this Notice as may be amended from time to time. Surgical Associates will not use or disclose your health information without your authorization, except as described in this Notice. Surgical Associates reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. Surgical Associates also reserves the right to change the terms of its Notice with respect to any applicable more limited uses and disclosures. If Surgical Associates makes a material change to this Notice, Surgical Associates will make available a copy of the revised Notice. A

**YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that Surgical Associates maintains:

**Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your health information, even if the restriction affects your treatment or Surgical Associates' payment or health care operations. For example, if you are an employee of Surgical Associates and receive health care services from Surgical Associates, you may request that your health care record not be maintained in the general record filing area. However, Surgical Associates is not required to agree to your request. If you wish to make a request for restrictions, please contact Surgical Associates' privacy officer, Julie Scott, at (920) 725-4527.

**Right to Receive Confidential Communications.** You have the right to request that Surgical Associates communicate your health information to you by alternative means or at alternative locations. Surgical Associates shall accommodate reasonable requests. For example, you may ask that Surgical Associates contact you at a phone number that is different from the phone number listed in your health care record. If you wish to receive confidential communications, your request must be in writing and addressed to Julie Scott, Surgical Associates of Neenah, S.C., 100 Theda Clark Medical Plaza, Suite 400, Neenah, Wisconsin 54956.

**Right to Inspect and Obtain a Copy Your Health Information.** You have the right to inspect and obtain a copy your health information, including billing records. This right may not apply to certain types of

psychotherapy notes. A request to inspect and copy records containing your health information must be submitted in writing to Julie Scott, Surgical Associates of Neenah, S.C., 100 Theda Clark Medical Plaza, Suite 400, Neenah, Wisconsin 54956. If you request a copy of your health information, Surgical Associates may charge a reasonable fee for copying costs associated with your request. For example, you may request a copy of your health care record from your surgeon.

**Right to Amend Your Health Information.** You have the right to request that Surgical Associates amend your health care records, if you believe your health information is incorrect or incomplete. That request may be made as long as the information is maintained by Surgical Associates. A request for an amendment of records must be made in writing and include a reason to support the requested amendment to Julie Scott, Surgical Associates of Neenah, S.C., 100 Theda Clark Medical Plaza, Suite 400, Neenah, Wisconsin 54956. Surgical Associates may deny the request if the health information you wish to amend 1) was not created by Surgical Associates; 2) is not part of Surgical Associates' records; 3) is not part of the health information you are permitted to inspect and copy; or 4) is, in the opinion of Surgical Associates, accurate and complete. For example, if you believe information in your medical history, such as your birth date, is incorrect, you may request that this information be amended.

**Right to an Accounting.** You have the right to request an accounting of disclosures of your health information made by Surgical Associates for certain purposes, which may include disclosures authorized by law. The request should specify the time period for the accounting starting on or after April 14, 2003. The accounting shall include the date of the disclosure, the name of the entity or person who received the health information, a brief description of the health information disclosed, and the reason for the disclosure. Surgical Associates will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable fee. For example, you may request an accounting of disclosures made from your health care record in the last year to the state for disease reporting.

**Right to a Paper Copy of this Notice.** You have a right to a paper copy of this Notice at any time even if you received this Notice previously. To obtain a separate paper copy, please contact Julie Scott at (920) 725-4527. For example, if you received the notice electronically, you may request Surgical Associates to provide a paper copy of the notice.

## **USES AND DISCLOSURES OF YOUR HEALTH INFORMATION.**

Surgical Associates may use or disclose your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Surgical Associates has established a policy to guard against unnecessary disclosure of your health information.

### **THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:**

**To Provide Treatment.** Surgical Associates may use or disclose your health information in the provision, coordination or management of your health care. For example, your health information may be disclosed to other physicians involved in your care and treatment.

**To Obtain Payment.** Surgical Associates may use or disclose your health information to obtain reimbursement for the care you may receive from Surgical Associates. The bill may include information that identifies you, your diagnosis and your treatment. For example, Surgical Associates may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you

or Surgical Associates.

**To Conduct Health Care Operations.** Surgical Associates may use and disclose health information for its own operations in order to evaluate the patient care services of Surgical Associates. Health care operations include activities such as: quality assessment and improvement activities, activities designed to reduce health care costs, professional review and performance evaluation, business management and general administrative activities of Surgical Associates and certain marketing activities. For example, Surgical Associates may use your health information to evaluate its staff performance.

### **USES AND DISCLOSURES OF YOUR HEALTH INFORMATION PERMITTED WITHOUT YOUR AUTHORIZATION**

**For Appointment Reminders.** Surgical Associates may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or medical care with Surgical Associates.

**When Legally Required.** Surgical Associates may use or disclose your health information when it is required to do so by any Federal, State or local law and the use or disclosure complies with and is limited to the relevant requirements of the law. Uses or disclosures required by federal law and limited by more protective requirements of state law include disclosures for judicial and administrative proceedings and law enforcement purposes.

**When There are Risks to Public Health.** Surgical Associates may disclose your health information for the following public activities and purposes:

- Surgical Associates may disclose your health information, excluding mental health, alcohol or drug abuse or developmental disabled or HIV test result, to report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- As required by law, Surgical Associates may disclose your health information to the State of Wisconsin for the purpose of statutory reporting.
- Surgical Associates may disclose your health information, excluding your HIV test result, without your authorization to a county agency investigating child abuse or if Surgical Associates reasonably believes that an individual is a victim of elder or child abuse.
- Surgical Associates may disclose your health information, excluding mental health, alcohol or drug abuse or developmental disabled or HIV test result, to a state or federal public health agency for the purpose of preventing or controlling disease, injury or disability.
- Surgical Associates may disclose your HIV test result without your authorization to a person that may have sustained a contact that carries a potential for transmission of HIV.

**For Worker's Compensation.** Surgical Associates may disclose your health information that is reasonably related to a work-related illness or injury if an application for worker's compensation or similar program has been filed.

**To Conduct Health Oversight Activities.** Surgical Associates may disclose your health information to a health oversight agency for activities including: audits; civil, administrative or criminal investigations;

inspections; licensure or disciplinary action. Surgical Associates will not disclose HIV test results to health care oversight agencies without an authorization.

**Judicial and Administrative Proceedings.** Surgical Associates may disclose your health information in response to a court order. Surgical Associates may disclose your health information in response to a subpoena if Surgical Associates is a party to a court action, Surgical Associates has received your authorization to disclose and has not complied within two business days, or Surgical Associates failed to respond to a request for workers' compensation records. Surgical Associates may disclose your health information, excluding mental health, alcohol or drug abuse or developmental disabled or HIV test result, in response to a subpoena from a state or federal agency.

**For Law Enforcement.** Surgical Associates may disclose your health information, excluding HIV test results, to county law enforcement officials for the reporting and investigation of elder and/or child abuse. Surgical Associates may disclose your health information except for mental health, alcohol or drug abuse or developmental disabled or HIV test results to state and federal law enforcement officials. Surgical Associates may disclose mental health, alcohol or drug abuse or developmental disabled health information for limited law enforcement purposes as required by law. Surgical Associates may disclose your health information in response to a court order.

**To Funeral Directors.** Surgical Associates may use or disclose your HIV test result to a funeral director.

**For Cadaveric Organ, Eye or Tissue Donation Purposes:** Surgical Associates may use or disclose your HIV test result to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation or cadaveric organs, eyes or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

**To Coroners and Medical Examiners.** Surgical Associates may disclose your health information that is not an HIV test result or related to mental health, alcohol or drug abuse and developmental disabilities to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

**In the Event of a Serious Threat to Health or Safety.** Surgical Associates may, consistent with applicable law and ethical standards of conduct, disclose your health information if Surgical Associates, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Governmental Functions.** In certain circumstances, the Federal regulations authorize Surgical Associates to use or disclose your health information, excluding mental health, alcohol or drug abuse or developmental disabled or HIV test result, to facilitate specified governmental functions relating to the military and veterans, national security, protective services for the President and others, and medical suitability determinations of Armed Forces personnel. Surgical Associates may disclose protected health information to a limited staff of a correctional institution or custodial law enforcement official for the provision of health care services and transportation of inmates.

### **AUTHORIZATION TO USE OR DISCLOSE YOUR HEALTH INFORMATION**

Except as described above and for treatment, payment or health care purposes, Surgical Associates will not use or disclose your health information without your written authorization. If you or your

representative authorizes Surgical Associates to use or disclose your health information, you may revoke that authorization in writing at any time by submitting your written withdrawal to Surgical Associates' privacy compliance officer, Julie Scott, at 100 Theda Clark Medical Plaza, Suite 400, Neenah, Wisconsin 54956.

### **IF YOU HAVE A COMPLAINT**

You have the right to express complaints to Surgical Associates or to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to Surgical Associates should be made in writing to Julie Scott, Surgical Associates of Neenah, S.C., 100 Theda Clark Medical Plaza, Suite 400, Neenah, Wisconsin 54956. Surgical Associates encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

### **IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE**

Surgical Associates has designated Julie Scott privacy compliance officer and as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact her at Surgical Associates, 100 Theda Clark Medical Plaza, Suite 400, Neenah, Wisconsin 54956, 920-725-4527.