

# Stocks Surgical Center

Lewis H. Stocks, MD, Ph.D., FACS

## NOTICE OF PRIVACY

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

### **THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU, AS A PATIENT OF STOCKS SURGICAL CENTER, MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR PERSONAL HEALTH INFORMATION (PHI).**

This notice is effective April 14, 2003

#### **What this Notice is all About.**

Protected health information is individually identifiable health information that is transmitted or maintained in any form or medium (written, electronic or oral). Individually identifiable health information is health information that is:

- Created or received by a health care provider or practice and relates to the past, present or future physical or mental health or condition of an individual or the provision of or payment for health care to the individual; and
- Either identifies the individual or there is a reasonable basis to believe the information could be used to identify the individual.

**Stocks Surgical Center** recognizes that patients have a right to privacy. Our practice and its physicians and staff respect the patient's individual dignity at all times. The physicians and staff of **Stocks Surgical Center** are committed to respecting patient's privacy to the extent consistent with providing the highest quality medical care possible and with the efficient administration of this facility.

**Stocks Surgical Center** is required by law to maintain the privacy of our patients' personal protected health information (PHI) and to provide notice of our legal duties and privacy practices with respect to personal protected health information (PHI). This is your paper copy of the Notice.

**Authorization:** Except as explained below, we will not use or disclose your personal protected health information (PHI) for any purpose unless you have signed a form authorizing a use or disclosure.

**Treatment:** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription. Many of the people working for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. We may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

**Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

**Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.

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**Disclosures Required By Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

**Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

**Workers' Compensation.** Our practice may release your PHI for workers' compensation and similar programs.

**Uses and Disclosures for Health Care Operations:** We will use and disclose your PHI as necessary for health care operations. For instance, we may use or disclose your PHI for quality assessment and quality improvement, credentialing health care providers, conducting or arranging for medical review or compliance. We may also disclose your PHI to another health care facility or health care provider for activities such as quality assurance or case management. We may contact other health care providers concerning prescription drugs or treatment alternatives.

**Business Associates.** Certain aspects and components of our services are performed by outside people or organizations pursuant to agreements or contracts. It may be necessary for us to disclose your PHI to these outside people or organizations that perform services on our behalf. We require them to appropriately safeguard the privacy of your personal health information.

**Family, Friends and Personal Representatives.** With your approval, we may disclose to family members, close personal friends, or another person you identify, your personal protected health information relevant to their involvement with your care or paying for your care. If you are unavailable, incapacitated or involved in an emergency situation, and we determine that a limited disclosure is in your best interests, we may disclose your personal protected health information without your approval. We may also disclose your personal protected health information to public or private entities to assist in disaster relief efforts.

**Other Uses and Disclosures.** We are permitted or required by law to use or disclose your PHI, without your authorization, in the following circumstances:

- For any purpose required by law
- For public health activities (i.e. reporting of disease, injury, birth, death or suspicion of child abuse or neglect);
- To a governmental authority if we believe an individual is a victim of abuse, neglect or domestic violence.
- For health oversight activities
- For judicial or administrative proceedings (i.e. court order, subpoena or discovery request);
- For law enforcement purposes (i.e. reporting wounds or injuries or for identifying or locating suspects, witnesses or missing people);
- To coroners and funeral directors
- For procurement, banking or transplantation of organ, eye or tissue donations;
- To alert a serious threat to health or safety under certain circumstances;
- For military activities if you are a member of the armed forces; for intelligence or national security issues, or about an inmate or an individual to a correctional institution or law enforcement official having custody.

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We will adhere to all state and federal laws or regulations that provide additional privacy protections. We will only use or disclose AIDS/HIV-related information, genetic testing information and information pertaining to your mental condition or any substance abuse problems as permitted by state and federal law or regulations.

## **YOUR RIGHTS**

**Restrictions on Use and Disclosure of Your PHI.** You have the right to request restrictions on how we use or disclose your PHI for treatment, payment or health care operations. You also have the right to request restrictions on disclosures to family members or others who are involved in your care or the paying of your care. To request a restriction, **Stocks Surgical Center** must receive your request in writing. For an official form requesting restrictions contact **Stephanie Andrews, Compliance Officer at 4414 Lake Boone Trail, Ste 309, Raleigh, NC 27607**

**Receiving Confidential Communications of Your PHI.** You have the right to request communications regarding your PHI from us by alternative means (i.e. by fax) or at alternative locations (i.e. you may ask us to contact you at home, rather than work).

**Access to Your PHI.** You have the right to inspect and/or obtain a copy of your personal health information we maintain in your chart. A medical records release form must be signed prior to the release of your PHI. A fee will be charged for copying and/or postage.

**Amendment of Your PHI.** You have the right to request an amendment to your personal health information to correct inaccuracies. A form to request an amendment to your PHI can be obtained from **Stephanie Andrews, Compliance Officer, 4414 Lake Boone Trail, Ste 309 Raleigh, NC 27607**. We are not required to grant the request in certain circumstances.

**Accounting of Disclosures of Your PHI.** You have the right to receive an accounting of certain disclosures made by us after April 14, 2003, of your PHI. To request an accounting form please contact **Stephanie Andrews, Compliance Officer, 4414 Lake Boone Trail, Ste 309 Raleigh, NC 27607**. A fee will be charged for each request of PHI accounting.

**Complaints.** If you believe your privacy rights have been violated, you can send a written complaint to us at **Grievance Coordinator, HIPAA Compliance, Stocks Surgical Center, 4414 Lake Boone Trail, Ste 309, Raleigh NC 27607**. There will be no retaliation for filing a complaint.

If you have any questions or need any assistance regarding this **NOTICE** or your privacy rights, you may contact **Stephanie Andrews – Compliance Officer, 4414 Lake Boone Trail, Ste 309, Raleigh NC 27607**.