



Surgery Associates, P.A.

Notice of Privacy Practices

This Notice Describes How Medical Information About You May Be Used and Disclosed and How You May Get Access to this information. Please Read it Carefully.

Surgery Associates, P.A. is dedicated to protecting your medical information. We are required by law to maintain the privacy of your medical information and to provide you with this Notice of our legal duties and privacy practices with respect to your medical information. Surgery Associates, P.A. is required by law to abide by the terms of this Notice.

How your Medical Information Will Be Used and Disclosed

We will use your medical information as part of rendering patient care. For example, your medical information may be used by the doctor or nurse treating you, by the business office to process your payment for the services rendered and by the administrative personnel reviewing the quality of the care you receive.

AUTHORIZATIONS

We will not use or disclose your protected health information for purposes not listed in this Notice of Privacy Practices without your written authorization. Specifically, we will not use or disclose your protected health information without your written authorization in the following circumstances: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures of protected health information for marketing purposes, including subsidized treatment communications; and (3) uses and disclosures that constitute a sale of protected health information. Once given, you may revoke your authorization in writing at any time except to the extent that we have taken an action in reliance on the authorization. To revoke an authorization, you or your authorized representative may contact the Privacy Officer, at:

Surgery Associates, P.A.
440 Pegram Drive • Tupelo, MS 38801
(662) 844-5344

We may use and/or disclose your medical information in accordance with federal and state laws for the following purposes.

Appointment Reminders. We may contact you to provide appointment reminders.

Treatment Information. We may contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Disclosure to Department of health and human Services. We may disclose your medical information when required by the U.S. Department of Health and Human Services as part of an investigation or determination of our compliance with relevant laws.

Family and Friends. Unless you object, we may disclose your medical information to family members, other relatives, or close personal friends when the medical information is directly relevant to that person's involvement with your care.

Notification. Unless you object, we may use or disclose your medical information to notify a family member, a personal representative, or another person responsible for your care of your location, general condition, or death.

Disaster Relief. We may disclose your medical information to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

Abuse or Neglect. We may disclose your medical information when it concerns abuse, neglect or violence to you in accordance with federal and state law.

Coroners, Medical Examiners and Funeral Directors. We may disclose your medical information to a coroner, medical examiner or funeral director.

Health Oversight Activities. We may use or disclose your medical information for public health activities including the reporting of disease, injury, vital events, and the conduct of public health surveillance, investigation and/or intervention. We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.

Legal Proceedings. We may disclose your medical information in the course of certain judicial or administrative proceedings.

Law Enforcement. We may disclose your medical information for law enforcement purposes or other specialized governmental functions.

Organ Donation. If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.

Research. We may use or disclose your medical information for certain research purposes if an Institutional Review Board or a privacy board has altered or waived individual authorization, the review is preparation to research or the research is only decedent's information.

Public Safety. We may use or disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or to the public.

Workers' Compensation. We may disclose your medical condition as authorized by laws relating to workers' compensation or similar programs.

Business Associates. We may disclose your medical information to a business associate with whom we contract to provide services on our behalf. To protect your medical information, we require our business associates to appropriately safeguard the medical information of our patients.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

- You have the following rights with respect to your medical information:
- You have the right to request that we place additional restrictions on our use or disclosure of your health information. We do not have to agree to these additional restrictions, except to an insurance company or health plan for services you have paid for in full and out of pocket, but only if we are not otherwise required by law to do so. Otherwise, if we do agree to your request for restrictions, we will abide by our agreement except in emergencies. Please contact our Privacy Officer if you want to further restrict access to your health care information. This request must be submitted in writing.
- You have the right to receive communications from us in a confidential manner.
- Generally, you may inspect and copy your medical information. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your medical information.
- You may ask us to amend your medical information. We may deny your request for certain specific reasons. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point.
- You have the right to receive an accounting of the disclosures of your medical information made by Surgery Associates, P.A. during the last six years (or following April 14, 2003) except for disclosures for treatment, payment or healthcare operations, disclosures which you authorize and certain other specific disclosure types. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- You may request a paper copy of this Notice of Privacy Practices.
- You have the right to complain to us and/or to the U.S. Department of Health and Human Services if you believe that we have violated your privacy rights. If you choose to file a complaint, you will not be retaliated against in any way. To complain to us, please contact:

Surgery Associates, P.A.
440 Pegram Drive
Tupelo, MS 38801
(662) 844-5344

REVISION OF NOITCE OF PRIVACY PRACTICES

We reserve the right to change the terms of this Notice, at any time making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice at Surgery Association, P.A. and will make paper copies of the revised Notice of Privacy Practices available upon request.

If you would like further information regarding your rights or regarding the uses and disclosures of your medical information, you may contact:

Surgery Associates, P.A.
440 Pegram Drive
Tupelo, MS 38801
(662) 844-5344

**THIS NOTICE IS EFFECTIVE AS OF
APRIL 1, 2003**

September 23, 2013 Revised