

- **RIGHT TO ACCOUNTING OF DISCLOSURES.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of medical information about you, with some exceptions. The exceptions are governed by federal health privacy law, and may include (1) many routine disclosures for treatment, payment and operations, (2) disclosures to you, and (3) disclosures made from any Surgical Associates patient directory, as described above.

You must submit any request for an accounting of disclosures to our office at the location noted on the first page of the Notice, in writing. (A form for that request is available from that office.) Your written request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003, when current federal health privacy laws become effective for Surgical Associates. (Your request should indicate whether you want the report on paper or electronically.) The first report you request within a 12-month period will be free. For additional reports, we may charge you for the costs of providing the report. We will notify you of the cost involved, and you may choose to withdraw or modify at that time before any costs are incurred.

- **RIGHT TO REQUEST RESTRICTIONS.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations, you also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Please note that we are *not required* to agree to your request. However, if we do agree, we will comply with your request unless that information is needed to provide emergency treatment.

You must submit any request for restrictions to our office at the location noted on the first page of this Notice, in writing. (A form for that request is available from that office.) Your written request must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

You must submit any request for confidential communications to our office at the location noted on the first page of the Notice, in writing. (A form for that request is available from that office.) Your written request must tell us how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

- **RIGHT TO A PAPER COPY OF THIS NOTICE.** You may ask us to give you a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically, by contacting our office at the location on the first page of this notice.
- **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. When we do, we may make the changed Notice effective for medical information we already have about you then, as well as any information we receive in the future. We will post a copy of the current Notice in our waiting room area and in our medical records department. Each notice will contain on the last page, in the top-right hand corner, its effective date. Also, each time you register at Surgical Associates for treatment or health care service, we will offer you a copy of the current Notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Surgical Associates or with the Secretary of the Department of Health and Human Services. To file a complaint with Surgical Associates, contact our office at the location noted on the first page of this Notice. All complaints must be submitted in writing. **YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.**

Thank you!

Effective April 14, 2003, Revised, April 23, 2008, April 29, 2010, April 1, 2014, February 11, 2015, August 24, 2016, July 25, 2017, November 19, 2020, May 20, 2021



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NOTICE OF PRIVACY PRACTICES

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.

If you have any questions about the notice, please contact our office at:

Surgical Associates of Marquette, PC
1414 W Fair Avenue, Suite 230
Marquette, Michigan 49855
Phone (906) 225-3853
Fax (906) 228-4065

WHO WILL FOLLOW THIS NOTICE

This Notice describes Surgical Associates practices and that of:

- Any health care professional authorized to enter information into your medical chart.
- All departments and units of Surgical Associates, and the operations we outsource to certain of our business partners.
- Any member of a volunteer group we allow to help you while you are at Surgical Associates.
- All employees, staff and other Surgical Associates personnel.

All these entities, sites and locations follow the terms of this Notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or operations purposes described in this Notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Surgical Associates. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by Surgical Associates. Your hospital may have different policies or notices regarding the hospital's use and disclosure of your medical information created in the hospital. This notice will tell you about the ways in which we may use and disclose medical information about you. It describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that describes you is kept private;
- Make available to you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of this Notice that is currently in effect. This Notice may change, in the manner described below under "CHANGES TO THIS NOTICE"

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we provide examples, but not every use or disclosure in a category is listed. However, all of the ways are permitted to use and disclose information will fall within one of the categories.

FOR TREATMENT. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians; medical students, or other hospital personnel who are involved in taking care of you at the hospital. Different departments of the hospital also may share medical information about you to among themselves, in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also disclose medical information to people outside the medical group who may be involved in your medical care, such as family members, clergy, other others we use to provide services that are part of your care.

- **FOR PAYMENT.** We may use and disclose medical information and services at Surgical Associates may be billed to and payment may be collected from you, an insurance company or health plan or other third party. We may have our bills and payment arrangements outsourced to one or more third party providers who issue, process and collect bills on our behalf.
- **FOR HEALTH CARE OPERATIONS.** We may use and disclose medical information about you for Surgical Associates operations. These uses and disclosures are necessary to run Surgical Associates and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services to evaluate the performance of our staff in caring for you. We may also combine medical information about many Surgical Associates patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also combine the medical information to doctors, nurses, technicians, medical students, and other Surgical Associates personnel for review and learning purposes. We may also combine the medical information for other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information, so others may use it to study healthcare and healthcare delivery without learning who the specific patients are.
- **APPOINTMENT REMINDERS.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Surgical Associates.
- **TREATMENT ALTERNATIVES.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives or medical care at Surgical Associates
- **HEALTH-RELATED BENEFITS AND SERVICES.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT OF YOUR CARE.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friend your condition and that you are at Surgical Associates. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort, so that your family can be notified about your condition, status and location.
- **RESEARCH.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who receive one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research being conducted, the project will have been approved through this research approval process. However, we may disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave Surgical Associates. We will almost never ask for your specific permission (on an authorization form) if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at

Surgical Associates.

- **AS REQUIRED BY LAW.** We will disclose medical information about you when required to do so by federal, state, or local law.
- **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **SPECIAL SITUATIONS.** We may also use and disclose medical information about you in the situations described under "Special Situations" below.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. A form for those authorization, both those that you request and those that we request, is available from our office at the location noted on the first page of this Notice. If you give us an authorization, you may later revoke that permission in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. In that case, however, we will still be required to retain our records of the care that we provided you.

SPECIAL SITUATIONS

ORGAN AND TISSUE DONATIONS. If you are an organ donor, we may release medical information or organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, necessary to facilitate organ or tissue donation and transplantation.

MILITARY AND VETERANS. If you are a member of the armed forces, we may release medical information about you as required by military command authorities or, some cases if needed to determine benefits, to the Department of Veterans Affairs. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

WORKERS' COMPENSATION. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH RISKS. We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions or medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease of may be at risk for contracting or spreading a disease of condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure if you agree or when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities included, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

LAWSUITS AND DISPUTES. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to

tell you about the request or to obtain an order protecting the information requested.

LAW ENFORCEMENT. We may release medical information, if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of a criminal conduct;
- About criminal conduct at Surgical Associates; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person to determine the cause of death.

NATIONAL SECURITY, INTELLIGENCE AND FEDERAL PROTECTIVE SERVICE ACTIVITIES. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, and to authorize federal officials where required to provide protection to the President of the United States, other authorized persons or foreign heads of state or conduct special investigations.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **RIGHT TO INSPECT AND COPY.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this included medical and billing records, but does not include psychotherapy notes.

You must submit any request to inspect and copy your medical information to our office at the location noted on the first page of this Notice, in writing. (A form for that request is available from that office.) If you request a copy of your information, we may charge a fee for the cost of copying, mailing, other supplies associated with your request. We may deny request in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed Healthcare professional chosen by Surgical Associates will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of that review.

- **RIGHT TO AMEND.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Surgical Associates.

You must submit any request for an amendment to our office at the location noted on the first page of this Notice, in writing. (A form for that request is available from that office.) Your written request must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- We not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Surgical Associates
- Is not part of the information which you are permitted to inspect and copy; or
- Is accurate and complete.