

Privacy Notice
Council Bluffs Surgical Associates, P.C.
201 Ridge Street, Suite 214
Council Bluffs, Iowa 51503
cbsurgical.com
Phone: (712) 396-4320 Fax: (712) 396-4328

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.

This notice applies to Council Bluffs Surgical Associates, P.C.

Council Bluffs Surgical Associates, P.C. will share your protected health information (PHI) with each other, as necessary, to carry out treatment, payment and health care options.

Understanding your Protected Health Record/Information

Every time you visit a hospital, physician, or other health care provider, a record of your visit is made. This record may include your symptoms, examination and test results, diagnosis, treatment and plans for future care or treatment. Your medical provider uses this information-often referred to as your health record- to plan your care and treatment. The many health care professionals who assist in your care communicate through your health record. Your protected health information (PHI) is also used by insurance companies to verify that services we billed for were actually provided. Although your health record belongs to the health care provider or facility that compiled it, you do have certain rights with regard to your protected health information (PHI).

Your Rights

- You have a right to expect that your PHI will be kept secure and used only for legitimate purposes.
- You have a right to understand how your PHI may be used and disclosed by Council Bluffs Surgical Associates, P.C.
- You have a right to receive this privacy notice that tells you how your PHI may be used or disclosed.
- You have a right to ask questions about any health privacy issue and have those questions clearly and promptly answered.
- You have a (limited) right to know who has seen your PHI, and for what purpose. If you make additional requests for such an accounting during any 12-month period, we may charge you a reasonable, cost-based fee.
- You have a right to see and to keep a copy of all of your health records (except psychotherapy notes). Your request for a copy of your records must be in writing. We may charge you a reasonable, cost-based, copying fee.
- You have a right to ask for correction-or inclusion of a statement of disagreement-for anything in your records that you feel is in error. Your request must be in writing and include supporting documentation.
- You have a right to authorize-or refuse-additional uses of your PHI, such as for fundraising, marketing, or research.
- You have a right to request extra protection for PHI you consider especially sensitive, and to request that we communicate with you by alternative means.

Our Responsibilities

We also have certain responsibilities. These include:

- Maintaining the privacy of your PHI.
- Providing you with a copy of this notice.
- Abiding by the terms of this notice.
- Notifying you if we are unable to agree to a requested amendment or restrictions.
- Accommodating reasonable requests you may have to communicate PHI by alternative means or at alternative locations.

The terms of this notice apply to all records containing your PHI that are created or retained by Council Bluffs Surgical Associates, P.C. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that we may create or maintain in the future. However, before we change our practices, we will post a copy of our current Notice in our office in a visible location, and you may request a copy of our most current Notice at any time.

We will not use or disclose our protected health information without your authorization, except as described in this Notice.

Disclosures for Treatment, Operation Payment and Health Care.

We may use or disclose your information for treatment, payment and health care operation without your permission. However, if state law requires us to obtain your written permission to use or disclose your PHI for treatment, payment or health care operations, we will do so.

We will use or disclose your protected health information for treatment.

For example: Information obtained by a nurse, physician, or other members of your health care team will be recorded in your record and used to determine the course of your treatment. Health care team members will communicate with one another personally and through the health care records to coordinate your care. We may provide your physician or other health care provider with copies of reports that may help determine your future treatment. We may also disclose your information to another health care provider for its payment purposes or its health care operations. Additionally, we may disclose your PHI in order to treat you or to assist other in your care, such as your spouse, children, or parents.

We will use or disclose your protected health information for 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 provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for , your treatment or send your bill to you or your insurance company. Your bill may contain information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use or disclose your PHI for health care operations and internal business practices.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use the information in your health record to assess the quality of care and outcomes in your case and others like it. This information is used in our ongoing efforts to improve the quality and effectiveness of the health care, to conduct cost-management and service we provide. We may disclose your PHI to other healthcare providers and entities to assist in their healthcare operations.

Appointment Reminders

Our practice may use and disclose your PHI to contract you and remind you of an appointment.

Public Health Risks

Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths.
- Reporting child abuse or neglect.
- Notifying a person regarding potential exposure to a communicable disease.
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition.
- Reporting reactions to drugs or problems with products or devices.
- Notifying individuals if a product or device they may be suing has been recalled.
- Notifying appropriate governmental agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however , we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
- Notifying your employer under limited circumstance related primarily to workplace injury or illness or medical surveillance.

We will use or disclose PHI in order to avert a serious threat to health or safety. We may disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Specialized Governmental Functions: We may disclose your PHI for military and veterans activities, national security, and intelligence activities, and similar special government functions as required or permitted by law.

National Security: Council Bluffs Surgical Associates, P.C. may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials, or foreign heads of states, or to conduct investigations.

Correctional Institutions: if you are an inmate of a correctional institution, we may disclose to the institution or agent s thereof PHI necessary for your health and safety of other individuals.

Law Enforcement: We may disclose your PHI for enforcement purposes as required by law or in response to a valid subpoena, court order or other binding authority.

Deceased Patients: We may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we may also release information in order for funeral directors to perform their jobs.

Disclosures Requested by Law: We may use or disclose your PHI as required by law provided such use disclosure complies with and is limited to the relevant requirement of such law.

Health Oversight Agencies: We may disclose your PHI to an appropriate health oversight agency, public health authority or attorney involved in health oversight activities. Oversight activities can include, for example, investigations , inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil right laws, and the healthcare system in general.

Judicial and Administrative Proceedings: We may disclose your PHI for judicial or administrative proceedings as required or permitted by law or in response to a valid subpoena, court order or other binding authority.

For More Information or to Report a Problem:

If you have questions or would like additional information, you may contact the Privacy office at Council Bluffs Surgical Associates, P.C. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. We will not retaliate against your for filing a complaint.