

## **Atlantic Surgical Group Notice of Privacy Practices**

*Protecting Your Confidential Health Information is Important to Us*

**To our patients:** This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**Our commitment to your privacy:** Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. The following categories describe different ways that we use and disclose medical information.

**For treatment:** We may use medical information about you to provide you with medical treatment or services. Many of the people who work at Atlantic Surgical Group, including but not limited to our doctors and nurses, may use or disclose your medical information to treat you or to assist others in your treatment. In addition, we may share your health information with physicians, referring physicians, hospitals, laboratories, pharmacies or other healthcare personnel providing your treatment.

**For payment:** We may include your health information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health information.

**For healthcare operations:** We may use and disclose medical information about you to operate our business. These uses and disclosures are necessary to run Atlantic Surgical Group and make sure that all our patients receive the highest quality of care. We may disclose information to doctors, nurses, technicians, medical students or other Atlantic Surgical Group personnel for review and learning purposes. Your health information may be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing or credentialing activities.

**Patient reminders:** We may use and disclose medical information to remind you to contact us to make an appointment for treatment, follow-up care, and/or possible treatment options or alternatives that may be of interest to you.

**Individuals involved in your care or involved in payment for your care:** With your permission, we may release medical information about you to a friend or relative who is involved in your medical care. We may also, with your permission, give information to someone who helps pay for your care. In the case of emergency, where you are unable to tell us what you want, we will use our very best judgement when sharing your health information only when it will be important to those participating in providing care to you.

**Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals your identity.

**As required by law:** We will disclose medical information about you when required to do so by federal, state or local laws.

**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 or the health and safety of others. Such disclosures would only be to parties in a position to help prevent the threat.

**Worker's compensation:** We may release medical information about you for workman's compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

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

**Lawsuits and disputes:** If you are involved in a lawsuit or 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.