

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.

Southern Indiana Surgery, Inc. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Southern Indiana Surgery, Inc., please contact Lisa J. Overstreet, CMPE, 2325 18th Street, Suite 220, Columbus, IN 47201 • 812-372-2245

EFFECTIVE DATE OF THIS NOTICE: APRIL 1, 2013

I. How Southern Indiana Surgery, Inc. may Use or Disclose Your Health Information

Southern Indiana Surgery, Inc. collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of Southern Indiana Surgery, Inc. but the information in the medical record belongs to you. Southern Indiana Surgery, Inc. protects the privacy of your health information. The law permits Southern Indiana Surgery, Inc. to use or disclose your health information for the following purposes:

1. **Treatment.** We may disclose information to other providers for the purposes of your medical care. We may share information the pharmacy for the purposes of dispensing prescriptions.
 2. **Payment.** We may give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
 3. **Regular Health Care Operations.** We may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. We may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates", such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information.
- Information provided to you.
4. **Appointment Reminders.** We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
 5. **Sign in sheet.** We may use and disclose medical information about you by having you sign in when you arrive at our office. The sign in sheet will contain only minimal information. We may also call out your name when we are ready to see you.
 6. **Notification and communication with family.** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts.
 7. **Required by law.** As required by law, we may use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
 8. **Public health.** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or other abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
 9. **Health oversight activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
 10. **Judicial and administrative proceedings.** We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

11. **Law enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
12. **Deceased person information.** We may disclose your health information to coroners, medical examiners and funeral directors.
13. **Organ donation.** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
14. **Public safety.** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
15. **Specialized government functions.** We may disclose your health information for military, national security, or prisoner purposes.
16. **Worker's compensation.** We may disclose your health information as necessary to comply with worker's compensation laws.
17. **Breach Notification.** In the case of a breach of unsecured protected health information, we will notify you as required by law. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.
18. **Marketing.** We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you, or to provide you with small gifts. We may also encourage you to purchase a product or service when we see you. If you are currently

an enrollee of a health plan, we may receive payment for communications to you in conjunction with our provision, coordination, or management of your health care and related services, including our coordination or management of your health care with a third party, our consultation with other health care providers relating to your care, or if we refer you for health care, but only to the extent these communications describe: 1) a provider's participation in the health plan's network, 2) the extent of your covered benefits, or 3) concerning the availability of more cost-effective pharmaceuticals. We will not accept any payment for other marketing communications without your prior written authorization unless you have a chronic and seriously debilitating or life-threatening condition and we are making the communication in conjunction with our provision, coordination, or management of your health care and related services, including our coordination or management of your health care with a third party, our consultation with other health care providers relating to your care, or if we refer you for health care. If we make these types of communications to you while you have a chronic and seriously debilitating or life-threatening condition, we will tell you who is paying us, and we will also tell you how to stop these communications if you prefer not to receive them. We will not otherwise use or disclose your medical information for marketing purposes without your written authorization, and we will disclose whether we receive any payments for any marketing activity you authorize.

19. **Change of Ownership.** In the event that Southern Indiana Surgery Inc. is sold or merged with another organization, your health information/record will become the property of the new owner.

II. When Southern Indiana Surgery, Inc. May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Southern Indiana Surgery, Inc. will not use or disclose your health information without your written authorization. If you do authorize Southern Indiana Surgery, Inc. to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. You must contact our Privacy Officer, Lisa J. Overstreet, CMPE at 812-372-2245 to schedule a time for review.
3. You have the right to inspect and copy your health information with limited exceptions. We may charge a reasonable fee for copies. We may require inspection or copy requests to be in writing. We may deny your request under limited circumstances and you may have a right to appeal our decision. If your written request clearly, conspicuously and specifically asks us to send you or some other person or entity an electronic copy of your medical record, and we do not deny the request as discussed above, we will send a copy of the electronic health record as you requested, and will charge you no more than what it cost us to respond to your request.
4. You have a right to request that Southern Indiana Surgery, Inc. amend your health information that is incorrect or incomplete. Southern Indiana Surgery, Inc. is not required to change your health information and will provide you with information about Southern Indiana Surgery's denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your health information made by Southern Indiana Surgery, Inc., except that Southern Indiana Surgery, Inc. does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), 6 (directory listings) and 17 (certain government functions) of section I of this Notice of Privacy Practices.
6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact *Lisa J. Overstreet, CMPE, 2325 18th Street, Suite 220, Columbus, IN 47201*

IV. Changes to this Notice of Privacy Practices

Southern Indiana Surgery, Inc. reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Southern Indiana Surgery, Inc. is required by law to comply with this Notice.

Southern Indiana Surgery, Inc. is obligated to communicate any changes to the Notice of Privacy Practices and will do so by posting an updated Notice of Privacy Practice on our websites, on Practice Portal and on site in our offices as well as offering a paper copy to each of our patients.

V. Complaints

Complaints about this Notice of Privacy Practices or how Southern Indiana Surgery, Inc. handles your health information should be directed to *Lisa J. Overstreet, CMPE 2325 18th Street Suite 220 Columbus, IN 47201*

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

*Department of Health and Human Services
Office of Civil Rights, Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W., Room 509F HHH Building, Washington, DC 20201*

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>, or you may also submit your complaint electronically by visiting <http://www.hhs.gov/ocr/privacy/index.html>

You will not be penalized for filing a complaint.



SOUTHERN INDIANA
SURGERY, INC.

Community focus. Exceptional care.