

**SOUTH SHORE SURGICAL LLC
10110 DONALD POWERS DR. STE. 202
MUNSTER, IN 46321
(219)922-8222**

NOTICE OF PRIVACY PRACTICES

PLEASE READ CAREFULLY

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

The Health Insurance Portability and Accountability Act of 1996 (“HIPPA”) is a Federal Program that requires us to:

1. Maintain the privacy of medical information provided to us.
2. Provide notice of our legal duties and privacy practices.
3. Abide by the terms of our Notice of Privacy Practices currently in effect. “HIPPA” provides penalties for covered entities that misuse personal health information.

How Would South Shore Surgical LLC use this disclosure:

- TREATMENT – means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.
- PAYMENT – means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example, of this would be sending a bill for your visit to your insurance company for payment
- HEALTHCARE OPERATIONS – include the business aspects of running our practice, such as conducting quality assessments and improvement activities, auditing functions, cost-management analysis and customer service. Any example would be an internal quality assessment review.

Public Policy Uses and Disclosures:

There will be instances where your consent is NOT required by law. These instances can include; workman’s comp, abuse, domestic violence, health dept. notifications, judicial; such as subpoenas, search warrants and/or court orders to name a few.

South Shore Surgical may also create and distribute de-identified health information by removing all reference to individually identifiable information.

We may use or disclose certain health information about your condition and treatment for research purposes where an Institutional Review Board or a similar body referred to as a Privacy Board determines that your privacy interests will be adequately protected in the study. We may also use and disclose your health information or analyze a research protocol and for other research purposes.

Our Business Associates:

We sometimes work with outside individuals and businesses that help us operate our business successfully. We may disclose your health information to these business associates so that they can perform the tasks that we hire them to do. Our business associates must promise that they will respect the confidentiality of your personal and identifiable health information.

We may disclose information to individuals involved in your care or in the payment for your care. This includes people and organizations that are part of your “circle of care” – such as your spouse, your other doctors, or an aide who may be providing services to you.

Appointment Reminders:

Our staff may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. After you see the physician he or she will dictate the record and patient’s charts will be up-to-date from last office visit within 60 days.

Patient’s Rights and Responsibilities:

- The right to request restrictions on certain uses and disclosures and protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information; please call the office to make arrangements to come in and review your records with the privacy officer.
- Upon your written request for a copy of your protected health information you may receive a copy of your records for a fee of \$1.00 per page for the first 20 pages then \$0.25 cents for each additional page. There will be no fee charged however, if the request is coming from another health care provider to be sent directly to that entity.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice.

To exercise any of your rights, please contact us in writing at:

South Shore Surgical LLC
10110 Donald Powers Dr. STE. 202
Munster, IN 46321.
Attention: Privacy Officer

South Shore Surgical is required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of **April 14, 2003** and we are required to abide by the terms of this Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective to all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

Complaints/Comments:

If you have any complaints concerning our privacy practices, you may contact the Secretary of the Department of Health and Human Services, at 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. You also may contact us at South Shore Surgical LLC 10110 Donald Powers Dr. STE. 202, Munster, IN 46321, Attn: Privacy Officer.