



## **NOTICE OF PRIVACY PRACTICES FOR PEDIATRIC SURGICAL ASSOCIATES**

**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.**

### **YOUR RIGHTS**

When it comes to your health information, you have certain rights. This section explains your rights and our responsibilities. As a patient you may.....

#### **Request an electronic or paper copy of your medical record**

- You may ask to see or get an electronic or paper copy of your medical record and other health information we have about you. This request must be made in writing.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your medical record**

- You may ask us to correct health information about you that you think is incorrect or incomplete. This request must be made in writing and provide a reason to support the requested amendment.
- We may deny your request, but we'll tell you why in writing within 60 days.
- Pediatric Surgical Associates will send medical records via encrypted email upon request. By signing this request for release, recipient acknowledges that Pediatric Surgical Associates is not liable for any disclosures that occur in transit, or upon arrival to the intended email address.

#### **Request confidential communications**

- You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. This request must be made in writing.
- We will agree with all reasonable requests.

#### **Ask us to limit what we use or share**

- You may ask us not to use or share certain health information for treatment, payment, or our business operations. We are not required to agree to your request, and we may deny if it would affect your care.
- If you pay for a service or a health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will comply unless a law requires us to share that information.

### **Get a list of those with whom we've shared information**

- You may ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost based fee if you ask for another one within 12 months.

### **Receive a copy of this privacy notice**

You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action

### **File a complaint if you feel your rights are violated**

- You may complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201; calling 1-877-696-6775; or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).
- We will not retaliate against you for filing a complaint

## **YOUR CHOICES**

For certain health information, you may tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

### **In these cases we will never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

## **In the case of fundraising**

Please know that we will never contact you for fundraising efforts.

## **Automated reminders about your care, treatment, and services:**

- We may send you reminders about your care, treatment, and services using voice messages, email, or text messages.
- We may send these reminders using prerecorded messages and automatic telephone dialing systems.
- The automated reminders will include instructions to stop receiving automated reminders.

## **OUR USES AND DISCLOSURES**

We typically use or share your health information in the following ways:

- **Treatment:** We may use your health information and share it with other professionals who are treating you.  
*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*
- **Payment:** We may use and share your health information to bill and get payment from health plans or other entities.  
*Example: We give information about you to your health insurance plan so it will pay for your services.*
- **Business Operations:** We may use and share your health information to run our practice, improve your care, and contact you when necessary  
*Example: We use health information about you to manage your treatment and services.*

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information visit: [www.hhs.gov/hipaa](http://www.hhs.gov/hipaa)

## **Help with public & safety issues**

We may share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety.

## **For research**

We may use and disclose your information for research. We will only disclose information after receiving your consent and in some cases ask you to sign a specific authorization.

### **Compliance with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

### **Respond to organ and tissue donation requests**

We may share health information about you with organ procurement organizations only with your consent.

### **Work with a medical examiner or funeral director**

We may share health information with a coroner, medical examiner or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests.**

- We may use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We may share health information about you in response to a court or administrative order, or in response to a subpoena.

## **OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.
- We will comply with current legal requirements regarding notification if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy of it
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### **Changes to this notice**

We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office, and on our website.

### **FOR MORE INFORMATION, QUESTIONS**

#### **OR COMPLAINTS:**

**Paul Louiselle**

**2530 Chicago Ave S, Suite 550**

**Minneapolis, MN 55404**

**612-813-8000**