



Notice of Privacy Practices

Effective April 15, 2003

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.

Montrose Surgical Associates 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 Montrose Surgical Associates please contact:

Montrose Surgical Associates
611 East Star Ct., Ste. A
Montrose, CO 81401
(970)249-4321

I. How Montrose Surgical Associates may Use or Disclose Your Health Information

Montrose Surgical Associates 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 Montrose Surgical Associates, but the information in the medical record belongs to you. Montrose Surgical Associates protects the privacy of your health information. The law permits Montrose Surgical Associates to use or disclose your health information for the following purposes:

- A. Treatment. Including but not limited to; office evaluation by nurse and doctor, further testing/treatment at other facilities, specialist/second opinion referrals, and return of care to primary doctor(s).
- B. Payment. To obtain payment from insurance via electronic and paper claims and, if necessary, collection agencies and/or credit agencies.
- C. Regular Health Care Operations. Compilation of chart by office staff, reception, evaluation by nurse and doctor, primary care doctor notification, pre authorization, benefits check, claim submission via electronic and/or paper claim.
- D. Information provided to you.
- E. Directory. No directory available at this facility.
- F. 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. 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.
- G. Required by law. As required by law, we may use and disclose your health information.
- H. 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 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.
- I. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
- J. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.



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- K. 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.
- L. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
- M. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or Montrose Surgical Associates privacy official.
- N. 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.
- O. Specialized government functions. We may disclose your health information for military, national security, prisoner and government benefits <only for health plans> purposes. <Note that disclosures for government benefits purposes are limited to health plans only.>
- P. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
- Q. Change of Ownership. In the event that Montrose Surgical Associates is sold or merged with another organization, your health information/record will become the property of the new owner.

II. When Montrose Surgical Associates May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Montrose Surgical Associates will not use or disclose your health information without your written authorization. If you do authorize Montrose Surgical Associates 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

- A. You have the right to request restrictions on certain uses and disclosures of your health information. Montrose Surgical Associates is not required to agree to the restriction that you requested.
- B. You have the right to receive your health information through a reasonable alternative means or at an alternative location. Requests must be made in writing and any fees, as determined by Montrose Surgical Associates, must be paid at or by the time of transfer.
- C. You have the right to inspect and copy your health information. Requests must be made in writing and any fees, as determined by Montrose Surgical Associates, must be paid at or by the time of inspection or copying. Your original health information may not be taken from the premises of Montrose Surgical Associates.
- D. You have a right to request that Montrose Surgical Associates amend your health information that is incorrect or incomplete. Montrose Surgical Associates is not required to change your health information and will provide you with information about Montrose Surgical Associates denial and how you can disagree with the denial.
- E. You have a right to receive an accounting of disclosures of your health information made by Montrose Surgical Associates, except that Montrose Surgical Associates does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), and 15 (certain government functions) of section I of this Notice of Privacy Practices.
- F. You have a right to a paper copy of this Notice of Privacy Practices.



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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

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IV. Changes to this Notice of Privacy Practices

Montrose Surgical Associates reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, Montrose Surgical Associates is required by law to comply with this Notice.

Your chart will be reviewed at each encounter to determine whether subsequent changes have been made to the Notice of Privacy Practices since the effective date of your agreement.

V. Complaints

Complaints about this Notice of Privacy Practices or how Montrose Surgical Associates's handles your health information should be directed to:

Kathleen Zelazny, Office Manager

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>.