

Privacy Notice
Council Bluffs Surgical Associates, P.C.
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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.

This notice applies to Council Bluffs Surgical Associates, P.C.

Council Bluffs Surgical Associates, P.C. will share your health information with each other, as necessary, to carry out treatment, payment and health care options.

Understanding your Health Record/Information

Every time you visit a hospital, physician, or other health care provider, a record of your visit is made. This record may include your symptoms, examination and test results, diagnosis, treatment and plans for future care or treatment. Your medical provider uses this information – often referred to as your health record – to plan your care and treatment. The many health care professionals who assist in your care communicate through your health record. Your health information is also used by insurance companies to verify that services we billed for were actually provided. Although your health record belongs to the health care provider or facility that compiled it, you do have certain rights with regard to your health information.

Your Rights

You have a right to expect that your health information will be kept secure and used only for legitimate purposes.

- You have a right to understand how your health information may be used and disclosed by Council Bluffs Surgical Associates, P.C.
- You have a right to receive this privacy notice that tells you how your health information may be used or disclosed.
- You have a right to ask questions about any health privacy issue and have those questions clearly and promptly answered.
- You have a (limited) right to know who has seen your health information, and for what purpose. If you make additional requests for such an accounting during any 12-month period, we may charge you a reasonable, cost-based fee.
- You have a right to see and to keep a copy of all of your health records (except psychotherapy notes). Your request for a copy of your records must be in writing. We may charge you a reasonable, cost-based, copying fee.
- You have a right to ask for correction – or inclusion of a statement of disagreement – for anything in your records that you feel is in error. Your request must be in writing and include supporting documentation.
- You have a right to authorize – or refuse – additional uses of your health information, such as for fundraising, marketing, or research.
- You have a right to request extra protections for health information you consider especially sensitive, and to request that we communicate with you by alternative means.

Our Responsibilities

We also have certain responsibilities. These include:

- Maintaining the privacy of your health information
- Providing you with a copy of this notice
- Abiding by the terms of this notice
- Notifying you if we are unable to agree to a requested amendment or restrictions
- Accommodating reasonable requests you may have to communicate health information by alternative means or at alternative locations.

If our information practices change, we may change this notice. If we do so, the change will be effective for information gathered both before and after the effective date of such change. However, before we change our practices, we will post a copy of our new notice at Council Bluffs Surgical Associates, P.C. The effective date of our notice will always appear at the end of the notice.

We will not use or disclose your health information without your authorization, except as described in this Notice.

Disclosures for Treatment, Operations Payment and Health Care.

We may use or disclose your information for treatment, payment and health care operations without your permission. However, if state law requires us to obtain your written permission to use or disclose your health information for treatment, payment or health care operations, we will do so.

We will use or disclose your health information for treatment.

For example: Information obtained by a nurse, physician, or other members of your health care team will be recorded in your record and used to determine the course of your treatment. Health care team members will communicate with one another personally and through the health care record to coordinate your care. We may provide your physician or other health care provider with copies of reports that may help that may help determine your future treatment. We may also disclose your information to another health care provider for its payment purposes or its health care operations.

We will use or disclose your health information for payment.

For example: We may send your bill to you or your insurance company. Your bill may contain information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use or disclose your health information for health care operations and internal business practices.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use the information in your health record to assess the care and outcomes in your case and others like it. This information is used in our ongoing efforts to improve the quality and effectiveness of the health care and service we provide.

We will use or disclose your health information in order to avert a serious threat to health or safety.

Specialized Governmental Functions: We may disclose your health information for military and veterans activities, national security, and intelligence activities, and similar special government functions as required or permitted by law.

Correctional Institutions: If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and safety of other individuals.

Law Enforcement: We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, court order or other binding authority.

Disclosures Required by Law: We may use or disclose your health information as required by law provided such use or disclosure complies with and is limited to the relevant requirements of such law.

Health Oversight Agencies: We may disclose your health information to an appropriate health oversight agency; public health authority or attorney involved in health oversight activities.

Judicial and Administrative Proceedings: We may disclose your health information for judicial or administrative proceedings as required or permitted by law or in response to a valid subpoena, court order or other binding authority.

For More Information or to Report a Problem:

If you have questions or would like additional information, you may contact the Privacy Officer at Council Bluffs Surgical Associates, P.C. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer, or with the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

Effective February 1, 2005