

Progressive Surgical Associates

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.

OUR LEGAL DUTY: We are required by federal law, the Health Insurance and Portability and Accountability Act (HIPAA) to maintain the privacy of your health information. This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health condition.

USES AND DISCLOSURES OF HEALTH INFORMATION: We may use your health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Disclosures of your health information for the purposes described in this Privacy Notice may be made in writing, orally, or by facsimile.

TREATMENT: We may use or disclose your health information to a physician or other health care provider providing treatment for you.

PAYMENT: We may use and disclose your health information to obtain payment for services we provide to you.

HEALTH CARE OPERATIONS: We may use and disclose your health information as necessary for our own health care operations to facilitate the function of Progressive Surgical Associates and to provide quality care to all patients. Health care operations include quality assessment and improvement activities, employee review, training programs, accreditation, certification, licensing of credentialing activities.

OTHER USES AND DISCLOSURES: As part of treatment, payment and health care operations, we may also use or disclose your health information for the following purposes: to remind you of your surgery date, to inform you of potential treatment alternatives, or to inform you of health related benefits.

USES AND DISCLOSURES PERMITTED WITHOUT AUTHORIZATION OR OPPORTUNITY TO

OBJECT: When legally required by law, when there are risks to public health, to report suspect of abuse, neglect, or domestic violence, to conduct health oversight activities, in connection with judicial and administrative proceedings, for law enforcement purposes, to coroners, funeral directors, and for organ donation, for research purposes, in the event of a serious threat to health or safety, for specified government functions, and for Worker's Compensation.

USES AND DISCLOSURES PERMITTED WITHOUT AUTHORIZATION, BUT OPPORTUNITY TO

OBJECT: We may disclose your health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your surgery or payment related to your surgery. You may object to these disclosures. If you do not object we can infer from the circumstances that you do not object, we can determine that is in your best interest for us to make disclosure of your health information as described.

USES AND DISCLOSURES WHICH YOU AUTHORIZE: Other than as stated above, we will not disclose or use your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

Progressive Surgical Associates

PATIENT RIGHTS: You have the right to inspect and copy your protected health information. Under federal law, you may not inspect or copy the following records: psychotherapy notes, information compiled for use in a civil, criminal, or administrative action. We may deny your request to inspect or copy your health information if we determine that it is likely to endanger your life or safety or that it could cause harm to another person referenced within the information. You have the right to request a review of this decision. To inspect and copy your medical information you must submit a written request to the Privacy Officer. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request. You have the right to request a restriction on uses and disclosures of your health information. Your request must state specific restriction requested and to whom you want the restriction to apply. Progressive Surgical Associates is not required to agree to the restriction that you may request. We will notify you if we deny your request to a restriction.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests.

You have the right to request amendments to your health information. Requests must be made in writing and you must provide a reason to support the requested amendment.

You have the right to receive an accounting of instances in which we disclosed your health information for purposes other than treatment, payment, health care operations for the last six years. If you request this accounting more than once in a 12-month period, we may charge you for responding to these additional requests.

OUR DUTIES: Gamagami Surgical Associates is required by law to maintain the privacy of your health information and to provide you with this Privacy Notice of our privacy practices. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all future protected health information that we maintain. If we change the Notice, we will provide a copy of the revised notice at your next visit.

QUESTIONS AND COMPLAINTS: If you want more information about our privacy practices or have questions or concerns, please contact our Privacy Officer. If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information, you may complain to us using the contact information listed at the end of the Notice. You may also submit a written complaint to the Privacy Officer. We support the right to the privacy of your health information. We will not retaliate against you in any way if you choose to file a complaint with us.

PROGRESSIVE SURGICAL ASSOCIATES

1890 Silver Cross Boulevard
Suite 410

New Lenox, IL 60451

The Privacy Officer can be contacted by telephone at (815) 717-8730.

This Notice is an amendment to our original notice and is effective January 1, 2012