

**NORTHEAST SURGICAL GROUP P.C.**  
**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT A PATIENT MAY BE USED AND DISCLOSED AND HOW A PATIENT CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Northeast Surgical Group has adopted policies and procedures to safeguard the privacy of our patients' protected health information ("PHI") and to comply with the Health Insurance and Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act, and their implementing regulations, the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Rule") and the Security Standards for the Protection of Electronic Protected Health Information (the "Security Rule") (collectively "HIPAA"). PHI includes all individually identifiable health information transmitted or maintained by Northeast Surgical Group, regardless of form (oral, written, electronic) that relates to: (i) the past, present or future physical or mental health or condition of a patient, (ii) the provision of health care to a patient, or (iii) payment for health care received by a patient.

Northeast Surgical Group has always been committed to protecting our patients' PHI. Maintaining patient privacy is part of our mission to serve the needs of the patient first. Controlled use of PHI by staff at Northeast Surgical Group is essential to providing optimum patient care. When you become a patient of Northeast Surgical Group, we will use your PHI within Northeast Surgical Group and disclose your health information outside Northeast Surgical Group for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your health information. If you are under 18 years of age, generally, your parents or guardian must sign for you and handle your privacy rights for you. This Notice of Privacy Practices is being provided in accordance with HIPAA.

This Notice explains:

- How a patient's PHI may be used,
- What rights a patient has regarding this information,
- Revisions to this Notice; and
- Who is the Privacy Officer for Northeast Surgical Group.

**HOW NORTHEAST SURGICAL GROUP MAY USE A PATIENT'S PHI.**

***Uses and Disclosures to Carry Out Treatment, Payment and Health Care Operations.*** Northeast Surgical Group uses your PHI to provide you with health care services. We may disclose your PHI to doctors, nurses, technicians, medical or nursing students, or other persons at Northeast Surgical Group who need that information to take care of you. We also may disclose your PHI to people outside Northeast Surgical Group who may be involved in your health care, such as treating doctors, home care providers, pharmacies, drug or medical device experts, and family members. With some exceptions, HIPAA generally permits Northeast Surgical Group to use and disclose your PHI without an authorization for medical treatment, to pay health care claims and for health care operations.

- **Treatment:** Northeast Surgical Group may use or disclose PHI for medical treatment. Treatment means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.
- **Payment:** Northeast Surgical Group will use and disclose PHI to create bills and collect payment from insurance companies, Medicare and other payers. This may include providing information such as dates of service, symptoms and diagnosis to your insurance company to show that we provided medical services to you. We also may disclose protected health information to another health care provider if such information is needed by the other health care provider to obtain payment for medical services provided to you.
- **Health Care Operations:** Northeast Surgical Group may use or disclose PHI to operate. This includes, but is not limited to, business management, customer service, care management, case management, audit functions, fraud and abuse detection, due diligence, and quality assurance. For example, Northeast Surgical Group may review PHI to respond to an appeal from a denial of benefits or to audit the accuracy of a health care carrier's claims processing. We may also use and disclose PHI to reach you about appointments and other matters. We may contact you by mail, telephone or email. We may leave voice messages at the telephone number you provide us with, and we may

respond to your email address. We perform medical research at Northeast Surgical Group. Our clinical researchers may look at your health records as part of your current care, or to prepare or perform research. All patient research conducted by Northeast Surgical Group goes through a special process required by law that reviews protections for patients involved in research, including privacy. We will not use your health information or disclose it outside Northeast Surgical Group for research reasons without either getting your prior written approval or determining that your privacy is protected.

Northeast Surgical Group may use PHI in order to communicate with you by newsletters, mailings or other means regarding treatment options, health related information, disease management programs, wellness programs or other community based initiatives in which Northeast Surgical Group is participating. In most circumstances, Northeast Surgical Group is required by law to receive a patient's written authorization before Northeast Surgical Group can use or disclose PHI for marketing purposes. Under no circumstances will Northeast Surgical Group sell information to a third party without a patient's written authorization.

**Business Associates.** Northeast Surgical Group contracts with third-party business associates for services. Northeast Surgical Group may disclose PHI to its business associates so that they can perform the job Northeast Surgical Group has asked them to do. To protect a patient's PHI, Northeast Surgical Group requires its business associates to appropriately safeguard PHI. Business associates who provide these types of services to Northeast Surgical Group may also use and disclose PHI to their subcontractors or agents subject to their agreement with Northeast Surgical Group to keep PHI confidential.

**Uses and Disclosures that Require that a Patient be Given an Opportunity to Agree or Disagree Prior to the Use or Disclosure.** Northeast Surgical Group may disclose a patient's PHI to family members, other relatives and a patient's close personal friends if:

- The information is directly relevant to the family or friend's involvement with a patient's care or payment for that care; and
- A patient has either agreed to the disclosure or have been given an opportunity to object and have not objected.

Northeast Surgical Group also may use a patient's PHI to notify a family member, a patient's Authorized Representative, another person responsible for a patient's care, or certain disaster relief agencies of a patient's location, general condition, or death. If a patient is incapacitated, there is an emergency, or a patient otherwise does not have the opportunity to agree to or object to this use or disclosure, Northeast Surgical Group will do what in its judgment is in a patient's best interest regarding such disclosure and will disclose only information that is directly relevant to the person's involvement with a patient's health care.

**Other Permitted Uses and Disclosures.** Federal regulations allow Northeast Surgical Group to use and disclose a patient's PHI, without a patient's authorization, for several additional purposes, in accordance with law:

- When permitted for purposes of public health activities, including when necessary to report product defects, to permit product recalls and to conduct post-marketing surveillance. PHI may also be used or disclosed if a patient has been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
- When authorized by law to report information about abuse, neglect or domestic violence to public authorities, if there exists a reasonable belief that a patient may be a victim of abuse, neglect or domestic violence. In such case, Northeast Surgical Group will promptly inform a patient that such a disclosure has been or will be made unless that notice would cause a risk of serious harm to a patient. For the purpose of reporting child abuse or neglect, it is not necessary to inform a minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's PHI.
- For oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
- When required for judicial or administrative proceedings. For example, a patient's PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that

satisfactory assurances must be given to Northeast Surgical Group that the requesting party has made a good faith attempt to provide written notice to a patient, and the notice provided sufficient information about the proceeding to permit a patient to raise an objection and no objections were raised or were resolved in favor of disclosure by the court or tribunal.

- When required for law enforcement purposes (for example, to report certain types of wounds).
- For law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about a patient who is or is suspected to be a victim of a crime but only if the individual agrees to the disclosure or Northeast Surgical Group is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of Northeast Surgical Group' best judgment.
- When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
- For research, subject to conditions.
- When consistent with applicable law and standards of ethical conduct if Northeast Surgical Group, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
- When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
- To cadaveric organ, eye or tissue donation programs.
- For specialized governmental functions (e.g., military and veteran's activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations).
- When otherwise required by law.

**Uses and Disclosures That Require a Patient's Written Authorization.** Except as otherwise indicated in this notice, uses and disclosures will be made only with a patient's written authorization, subject to a patient's right to revoke such authorization at any time. A patient's revocation must be in writing and will not be effective if Northeast Surgical Group has taken action in reliance on the authorization or the authorization was obtained as a condition of obtaining coverage.

For example, a patient's written authorization generally will be obtained before Northeast Surgical Group will use or disclose psychotherapy notes about a patient from a patient's psychotherapist. Psychotherapy notes are separately filed notes about a patient's conversations with a patient's mental health professional during a counseling session. They do not include summary information about a patient's mental health treatment. Northeast Surgical Group may use and disclose such notes when needed by Northeast Surgical Group to defend against litigation filed by a patient.

**Required Uses and Disclosures of PHI.** Use and disclosure of a patient's PHI may be required by the Secretary of the Department of Health and Human Services ("HHS") to investigate or determine Northeast Surgical Group' compliance with HIPAA.

**Minimum Necessary Standard.** When using or disclosing PHI or when requesting PHI from another covered entity, Northeast Surgical Group will make reasonable efforts not to use, disclose or request more than a limited data set, i.e., a data set that excludes direct identifiers of a patient, to the extent practicable. In the event it is not practicable, Northeast Surgical Group is required to limit its disclosures to the minimum extent necessary, subject to the guidance of the Secretary of HHS on what constitutes the minimum necessary to accomplish the intended purpose of the use, disclosure or request, respectively. However, the minimum necessary standard will not apply in the following situations:

- disclosures made to a patient or to a patient's Authorized Representative;
- disclosures to or requests by a health care provider for treatment;
- disclosures made to the Secretary of HHS;
- uses or disclosures that are required by law; and
- a use or disclosure that is required for Northeast Surgical Group' compliance with legal regulations.

### **A PATIENT'S RIGHTS REGARDING PHI.**

***Right to Inspect and Copy PHI.*** A patient has a right to inspect and obtain a copy of a patient's PHI contained in a "designated record set," for as long as Northeast Surgical Group maintains the PHI, subject to certain exceptions established by law.

A "designated record set" means (i) the group of medical records and billing records maintained by or for Northeast Surgical Group or (ii) used, in whole or in part, to make decisions about patients. As used in these HIPAA Policies and Procedures the term "record" means any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or disseminated by or for Northeast Surgical Group.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if Northeast Surgical Group is unable to comply with the deadline and a patient is provided with a notice of the reasons for the delay and the date by which Northeast Surgical Group will complete action on a patient's request.

Requests for access to PHI should be made to the Privacy Officer designated below. A patient or a patient's Authorized Representative will be required to complete a form to request access to the PHI in a patient's designated record set. Northeast Surgical Group may deny a request to inspect and copy PHI in certain limited circumstances. Some denials are not subject to review but some are. For denials that are subject to review, the review will be conducted by a licensed health care professional who was not directly involved in the original denial. Northeast Surgical Group will comply with the outcome of the review. If access is denied, a patient or a patient's Authorized Representative will be provided with a written denial setting forth the basis for the denial, a statement of a patient's review rights, a description of how a patient may exercise those review rights and a description of how a patient may complain to the Secretary of HHS.

***Right to Request Restrictions on PHI Uses and Disclosures.*** A patient has the right to request a restriction or limitation on the medical information Northeast Surgical Group uses or discloses about a patient for treatment, payment or health care operations. If a patient paid out-of-pocket, in full, for a specific item or service, a patient has a right to request that medical information with respect to such item or service not be disclosed to Northeast Surgical Group for purposes of payment or health care operations and Northeast Surgical Group is required to honor that request. A patient also has the right to request a limit on the medical information Northeast Surgical Group communicates about a patient to someone who is involved in a patient's care or the payment for a patient's care. Except as noted above, Northeast Surgical Group is not required to agree to a patient's request. A patient or a patient's Authorized Representative will be required to complete a form to request restrictions on uses and disclosures of a Patient's PHI.

***Right to Request Confidential Communications.*** A patient has the right to request that Northeast Surgical Group communicate with a patient about medical matters in a certain way or at a certain location. For example, a patient can ask that Northeast Surgical Group only contact a patient at work or by e-mail. To request confidential communications, a patient must make a request in writing to Northeast Surgical Group' Privacy Officer. Northeast Surgical Group will not ask a patient for the reason for the request. Northeast Surgical Group will accommodate all reasonable requests. A patient's request must specify how or where a patient wishes to be contacted.

***Notice of a Breach of Unsecured PHI.*** Northeast Surgical Group is required to notify a patient by first class mail or by e-mail (if a patient indicated a preference to receive information by e-mail), of any breaches of unsecured PHI as soon as possible, but in any event, no later than 60 days following the discovery of a breach. "Unsecured" PHI is information that is not encrypted or has not been destroyed so as to render it unusable, unreadable and undecipherable to unauthorized users. Northeast Surgical Group' notice is required to include the following information:

- a brief description of the breach, including the date of the breach and the date of its discovery, if known;

- a description of the type of unsecured PHI involved in the breach;
- steps a patient should take to protect themselves from potential harm resulting from the breach;
- a brief description of the actions Northeast Surgical Group is taking to investigate the breach, mitigate losses and protect against further breaches;
- contact information, including a toll-free telephone number, e-mail address, web site or postal address to permit a patient to ask questions or obtain additional information.

In the event the breach involves 10 or more individuals whose contact information is out of date, Northeast Surgical Group will post a notice of the breach on the home page of its web site or in a major print or broadcast media. If the breach involves more than 500 individuals in the state or jurisdiction, Northeast Surgical Group will send notices to prominent media outlets. If the breach involves more than 500 individuals, Northeast Surgical Group is also required to immediately notify the Secretary of the HHS. Northeast Surgical Group is also required to submit an annual report to the Secretary of HHS of a breach that involves less than 500 patients during the year and will maintain a log of breaches involving less than 500 individuals.

**Right to Amend PHI.** A patient has the right to request Northeast Surgical Group to amend a patient's PHI or a record about a patient in a designated record set for as long as the PHI is maintained in the designated record set. A patient may not amend PHI which is accurate and complete.

Northeast Surgical Group has 60 days after the request is made to act on the request. A single 30-day extension is allowed if Northeast Surgical Group is unable to comply with the deadline and a patient is provided notice of the reasons for the delay and the date by which Northeast Surgical Group will complete action on a patient's request. If a patient's request is denied in whole or part, Northeast Surgical Group must provide a patient with a written denial that explains the basis for the denial. A patient or a patient's authorized representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of a patient's PHI. A patient also may complain to Northeast Surgical Group or to the Secretary of HHS, as described below.

Requests for amendment of PHI in a designated record set should be made to the Privacy Officer designated below. A patient or a patient's authorized representative will be required to complete a form to request amendment of the PHI in a patient's designated record set and provide a reason to support the requested amendment.

If a patient's request is approved, Northeast Surgical Group will amend a patient's PHI and provide the amendment to those persons whom a patient identifies as needing the amendment, as well as to certain other persons who it knows have a patient's PHI.

**The Right to Receive an Accounting of PHI Disclosures.** At a patient's request, Northeast Surgical Group will also provide a patient with an accounting of certain disclosures by Northeast Surgical Group of a patient's PHI during the six years prior to the date of a patient's request. In Northeast Surgical Group's response to a patient's request for an accounting, Northeast Surgical Group is not required to list certain disclosures, including: disclosure made for treatment, payment and health care operations purposes or disclosures made incidental to treatment, payment and health care operations; however, if the disclosures were made through an electronic health record, a patient has the right to request an accounting of such disclosures that were made within the previous 3 years depending on certain effective dates;

- disclosures made pursuant to a patient's authorization;
- disclosures made to create a limited data set or
- disclosures made directly to a patient.

To request an accounting of disclosures, a patient must submit a request in writing to Northeast Surgical Group's Privacy Officer. A patient must state a time period which may not be longer than 6 years. A patient's request should indicate in what form a patient would like the accounting of disclosures (for example, on paper or electronically by e-mail). The first accounting of disclosures that a patient may request within any 12 month period will be free. For additional requests within the same period, Northeast Surgical Group may charge a patient for the reasonable costs of providing the accounting of disclosures. Northeast Surgical Group will notify a patient of the costs involved and a patient may choose to withdraw or

modify a patient's request at that time, before any costs are incurred. Under limited circumstances mandated by federal and state law, Northeast Surgical Group may temporarily deny a patient's request for an accounting of disclosures.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if a patient is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

***The Right to Receive a Paper Copy of This Notice Upon Request.*** If a patient wishes to obtain a paper copy of this Notice of Privacy Practices, please contact Northeast Surgical Group's Privacy Officer below.

***A Patient's Right to File a Complaint With Northeast Surgical Group or the Secretary of HHS.*** If a patient believes that a patient's privacy rights have been violated, he or she may file a written complaint to Northeast Surgical Group in care of the Privacy Officer designated below.

A patient also may file a complaint with the Secretary of HHS, at the following address: Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601, ph. (312) 886-2359, fax (312) 886-1807, TDD (312) 353-5693.

Northeast Surgical Group will not retaliate against a patient for filing a complaint.

#### **A Note About Authorized Representatives.**

A patient may exercise rights through an authorized representative.

A patient's parent or guardian has authority to act on a patient's behalf if the individual is an unemancipated minor, except as provided under State law.

If a patient is an adult, a patient's authorized representative will be required to produce evidence of his/her authority to act on a patient's behalf before that person will be given access to a patient's PHI or allowed to take any action for a patient. Proof of such authority may take one of the following forms:

- a power of attorney for health care purposes, notarized by a notary public; or
- a court order of appointment of the person as the conservator or guardian of the individual.

Northeast Surgical Group retains discretion to deny access to any adult or minor's PHI to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

#### **Revisions to this Notice of Privacy Practices**

Northeast Surgical Group reserves the right to change the terms of this Notice of Privacy Practices to conform to changes in HIPAA and to make the new notice provisions effective for all PHI it maintains. If this Notice of Privacy Practices is changed, a patient will receive a new Notice either by electronic or paper copy.

#### **Who is the Privacy Officer for Northeast Surgical Group?**

*If a Patient has any questions regarding this notice or the subjects addressed in it, a Patient may contact Northeast Surgical Group's Privacy Officer:*

**Privacy Officer  
Northeast Surgical Group, P.C.  
17375 Hall Road  
Macomb Township, MI 48044  
Tel: (586) 228-0550**