

Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect the health and safety of yourself or other individuals.

**10. Workers Compensation.** Our practice may release your **IIHI** for workers compensation and similar programs.

## E. YOUR RIGHTS REGARDING YOUR **IIHI**

**1. Confidential Communications.** You have the right to request our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. You must make a written request to our Privacy Officer at 75 Pringle Way, Ste. 804, Reno, NV 89502 specifying the requested method and/or location of contact. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

**2. Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your **IIHI** for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your **IIHI** to only certain individuals involved in your case or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your **IIHI** you must make a written request to our Privacy Officer at 75 Pringle Way, Ste. 804, Reno, NV 89502. Your request must describe in a clear and concise fashion:

- a. The information you wish restricted;
- b. Whether you are requesting to limit our practice's use, disclosure or both; and
- c. To whom you want the limit to apply.

**3. Inspection and Copies.** You have the right to inspect and obtain a copy of the **IIHI** that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must make a written request to our Privacy Officer at 75 Pringle Way, Ste. 804, Reno, NV 89502.

**4. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment you must make a written request to our Privacy Officer at 75 Pringle Way, Ste. 804, Reno, NV 89502. You must provide us with a reason that supports your request for an amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion

- (a) accurate and complete;
- (b) not part of the **IIHI** kept by or for our practice;
- (c) not part of the **IIHI** which you would be permitted to inspect and copy; or
- (d) not available to amend the information.

**5. Accounting Of Disclosure.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your **IIHI** for non-treatment or operations purposes. Use of your **IIHI** as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures you must submit your request in writing to our Privacy Officer at 75 Pringle Way, Ste. 804, Reno, NV 89502. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six years from the date of disclosure and may not include dates before September 1, 2012. The first list you request within a 12 month period is free of charge but our practice may charge you for additional lists within the same 12 month period. Our practice will notify you of the costs involved with additional requests and you may withdraw your request before you incur any costs.

**6. Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of this notice at any time.

**7. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Privacy Officer at 775.829.7999. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**8. Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosures of your **IIHI** may be revoked at any time in writing. After you revoke your authorization we will no longer use or disclose your **IIHI** for the reasons described in the authorization. Please note, we are required to retain record of your care.

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EFFECTIVE DATE OF THIS NOTICE:  
**09.01.2012**

NOTICE OF PRIVACY PRACTICES  
PLEASE REVIEW THIS NOTICE CAREFULLY.

## A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintain the privacy of your Individually Identifiable Health Information (**IIHI**). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We also are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practice that we maintain in our practice concerning your **IIHI**. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We realize these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your **IIHI**.
- Your privacy rights in your **IIHI**.
- Our obligations concerning the use and disclosure of your **IIHI**.

The terms of the notice apply to all records containing your **IIHI** that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy at any time.

## **B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT:**

Our Privacy Officer at 775.829.7999 or 75 Pringle Way, Ste. 804, Reno, NV 89502 or email [info@sassesurgical.com](mailto:info@sassesurgical.com)

## **C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS:**

**1. Treatment.** Our practice may use your IIHI to treat you. For example, our practice may ask you to have a laboratory test (such as urine, blood or biopsies), and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice—including, but not limited to, our doctors and nurses, may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents.

**2. Payment.** Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may also use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items.

**3. Health Care Operations.** Our practice may use and disclose your IIHI to operate our business. For example, our practice may use your IIHI to evaluate the quality of care you received from us, or to conduct cost management and business planning activities for our practice.

**4. Appointment Reminders.** Our practice may use and disclose your IIHI to contact you and remind you of an appointment, etc. by phone calls and/or mailed result cards.

**5. Release of Information to Family/Friends.** Our practice may release your IIHI to a friend or family member that is involved in your case, or who assists in taking care of you. For example, a parent or guardian may ask that a grandparent take their child to the doctors office for treatment. In this example, the grandparent may have access to this child's medical information if the practice has received written notice that is signed and dated from a parent or guardian, authorizing the grandparent to have access.

**6. Disclosures Required by Law.** Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

## **D. USE AND DISCLOSURES OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES.**

**1. Public Health Risks.** Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths.
- Reporting child abuse or neglect.
- Preventing or controlling disease, injury or disability.
- Notifying a person regarding potential exposure to a communicable disease.
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition.
- Reporting reactions to drugs or problems with devices or products.
- Notifying individuals if a product or device they may be using has been recalled.
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence) however, we will only disclose this information if; the patient agrees or we are required by law to disclose this information; notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

**2. Health Oversight Activities.** Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits / surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general.

**3. Lawsuits and Similar Proceedings.** Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**4. Law Enforcement.** We may release your IIHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement.
- Concerning a death we believe has resulted from criminal conduct.
- Regarding criminal conduct at our offices.
- In response to a warrant, summons, court order, subpoena or similar legal process.
- To identify, locate a suspect, material witness, fugitive or missing person.
- In an emergency, to report a crime (including the location or victim (s) of the crime, or the description, identity or location of the perpetrator).

**5. Research.** Our practice may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for proposed research except when: (a) our use or disclosure was approved by an Institutional Review Board or Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your IIHI is being used only for the research and (iii) the researcher will not remove any of your IIHI from our practice; or (c) the IIHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access.

**6. Serious Threats to Health or Safety.** Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to the health and safety of yourself, another individual or the public. Under these circumstances we will only make disclosures to the person or organization able to help prevent the threat.

**7. Military.** Our practice may disclose your IIHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

**8. National Security.** Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

**9. Inmates.** Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.