

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.

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of Sidney J. Steinberger, MD, FACS and Bruce Serman, MD, FACS. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. Example of disclosures that require your authorization are: Psychotherapy notes, protected health information for marketing, and any information the office makes that constitutes a sale of the protected health information. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

This office does not support fund raising activities. If we were to support a fundraising activity we may use or disclose your demographic information and the dates you received treatment from your physician, as necessary, in order to contact you for fundraising activities supported by our office. You have the right to opt out of getting fundraising communications from this office. Please contact our Privacy Contact and request that these fundraising materials not be sent to you.

Additional Uses of Information

Appointment reminders. Your demographic information will be used by a Business Associate to remind you of an appointment.

Sign in sheet. A sign in sheet will be used by the staff.

Information about treatments. Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- the right to request restrictions on the use and disclosure of your protected health information
- the right to receive confidential communications concerning your medical condition and treatment
- the right to inspect and copy your protected health information
- the right to amend or submit corrections to your protected health information
- the right to receive an accounting of how and to whom your protected health information has been disclosed

- the right to receive a printed copy of this notice
- the right to request that the office not disclose any information about a service to an insurance company if service is paid in full out of pocket

Any request of protected information has to be in writing and has to identify what information is restricted and who is not to receive information.

Sidney J. Steinberger, MD, FACS and Bruce Sterman, MD, FACS Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We are required to abide by the privacy policies and practices that are outlined in this notice.

We are also required to notify you in writing of any breach of your protected information occurs.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Receptionist or Privacy Officer. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

We will disclose relevant protected health information of a deceased patient to a family member, friend, or representative if that family member or person had been involved in the patient's care or payment before death, unless disclosure would be inconsistent with the patient's express wishes to the practice.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Attn: Privacy Officer
Sidney J. Steinberger, M.D., FACS and Bruce Sterman, MD, FACS
2708 Crawfis Blve.
Akron, OH 44333

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and address of the person you can contact for further information concerning our privacy practices is:

Privacy Officer
Sidney J. Steinberger, MD, FACS and Bruce Sterman, MD, FACS
2708 Crawfis Blvd.
Akron, OH 44333
330-869-6673

Effective Date

09/23/2013

