

Southeastern Surgical Associates, PC

100 Camp Street
Hyannis, MA 02601
508-775-1984

Notice of Privacy Practice

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. *Southeastern Surgical Associates, PC* is permitted to use disclosures of protected health information for treatment, payment and health care operations, as described in the following examples:
 - a. For treatment – *Sharing information with other physicians and treating entities*
 - b. For payment – *Sending bills to insurance companies.*
 - c. For health care operations – *Medical chart review and auditing activities.*
2. *Southeastern Surgical Associates, PC* is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization.
3. Other uses and disclosures will be made only with the Individual's written authorization, and the individual may revoke such authorization.
4. *Southeastern Surgical Associates, PC* intends to engage in one or more of the following activities:
 - a. *Southeastern Surgical Associates, PC* may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual or patient.
5. The individual has the following rights regarding protected health information:
 - a. The right to request restrictions on certain uses and disclosures of protected health information.
 - b. The right to receive confidential communications of protected health information, as applicable.
 - c. The right to inspect and copy protected health information, as provided in the Privacy Regulation.
 - d. The right to amend protected health information, as provided in the Privacy Regulation.
 - e. The right to receive an accounting of disclosures of protected health information.
 - f. The right to obtain a paper copy of the Notice from the covered entity upon request. This right extends to an Individual who has agreed to receive the Notice electronically.
6. *Southeastern Surgical Associates, PC* is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and Privacy Practices with respect to protected health information.
7. *Southeastern Surgical Associates, PC* is required to abide by the terms of the Notice currently in effect.
8. *Southeastern Surgical Associates, PC* reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.
9. *Southeastern Surgical Associates, PC* will provide individuals or patients with a revised Notice by hand delivery at the time of the first visit following any such change.
10. Individuals may complain to *Southeastern Surgical Associates, PC* and to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated.
11. *Southeastern Surgical Associates, PC's* contact person for matters relating to complaints is: Riitta A Chabra, 100 Camp Street, Hyannis, MA 02601 508-775-1984
12. This notice is first in effect April 14, 2003.