

## Your Information. Your Rights. Our Responsibilities.

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.**

**YOUR RIGHTS:** This section explains your rights and some of our responsibilities to help you.

### Get an electronic or paper copy of your medical record:

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct your medical record:

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### Request confidential communications:

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### Ask us to limit what we use or share:

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say “yes” unless a law requires us to share that information.

### Get a list of those with whom we’ve shared information:

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice:

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you:

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated:

- You can complain if you feel we have violated your rights by contacting us using the information below.

Lauren Zoner, Management  
710 Avis Drive Suite 100 Ann Arbor, MI 48108  
Email: [lzoner@americansurgicalgroup.com](mailto:lzoner@americansurgicalgroup.com)
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint.

### You have the right to change providers if one is readily available

**YOUR CHOICES:** For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### In these cases you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
  - If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

### In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

# Notice of Privacy Practices



**OUR USES AND DISCLOSURES.** We typically use or share your information in the following ways:

## **Treat you**

- We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition

## **Run Our Organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

## **Bill for your services:**

- We can use and share your health information to bill and get payment from health plans or other entities.
  - Example: We give information about you to your health insurance plan so it will pay for your services.

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **Help with public health and safety issues:**

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

## **Do Research**

We can use or share your information for health research.

## **Comply with the law:**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## **Respond to Organ and Tissue Donation Requests**

- We can share health information about you with organ procurement organizations

## **Work with a medical examiner or funeral director:**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests:**

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions:**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Appointments/Follow up Care:**

We may use your medical information to contact you about upcoming appointments and to obtain registration and pre-surgical screening information. We may also use your medical information to contact you following your appointment and to obtain information regarding the status of your health condition. We may leave a message on an answering machine or voicemail. We will honor your request for confidential communications.

## **OUR RESPONSIBILITIES:**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

## **This Notice of Privacy Practices applies to:**

Ann Arbor Surgical Center, 710 Avis Drive Suite 100 Ann Arbor, MI 48108 Phone: (734) 719-8900

Privacy Officer: Lauren Zoner, [lzoner@americansurgicalgroup.com](mailto:lzoner@americansurgicalgroup.com)

Website: [www.annarborsurgicalcenter.com](http://www.annarborsurgicalcenter.com)

*Appendix A to Part 92—Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement*

## Discrimination is Against the Law

Ann Arbor Surgical Center complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Ann Arbor Surgical Center does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

## Ann Arbor Surgical Center Interpreter Services Program

Ann Arbor Surgical Center provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters; and
- Written information in other formats (large print, audio, accessible electronic formats, and other formats).

Ann Arbor Surgical Center provides free language services to people whose primary language is not English, such as:

- Qualified language interpreters; and
- Information written in other languages.

If you need these services, contact Interpreter Services at 734-719-8900.

## How to File a Grievance

If you believe that Ann Arbor Surgical Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Patient Civil Rights Coordinator  
Ann Arbor Surgical Center  
710 Avis Drive, Suite 100  
Ann Arbor, Michigan 48108  
Phone: 734-719-8900  
Fax: 734-719-8901

Email: [izoner@americansurgicalgroup.com](mailto:izoner@americansurgicalgroup.com)

You can also file a civil rights complaint electronically with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7607 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

**ATTENTION:** If you speak one of the following languages, assistance services, free of charge are available to you. Please ask for assistance from a staff member.

- Español (Spanish)** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Pídale ayuda a un empleado.
- عربي (Arabic)** اطلب المساعدة من تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة المجانية متاحة لك. أحد الموظفين
- 中國人 (Chinese)** 注意：如果您會說中文，我們可以為您提供免費協助服務。 向工作人員尋求協助
- ܐܘܪܝܝܢܐ (Assyrian)** لو تحكي الآشورية، خدمات الترجمة متوفرة لك. يرجى طلب مساعدة من أحد أفراد العاملين.
- Tiếng Việt (Vietnamese)** Lưu ý: Nếu bạn nói tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy nhờ một nhân viên giúp đỡ.
- shqiptare (Albanian)** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Ju lutem pyesni një anëtar i stafit për ndihmë.
- (Korean)** :
- বাংলা (Bengali)** দ্রষ্টব্য: আপনি যদি বাংলায় কথা বলেন তবে বিনামূল্যে ভাষা সহায়তা পরিষেবা পাওয়া যায়। সহায়তার জন্য একজন স্টাফ সদস্যকে জিজ্ঞাসা করুন।
- Polski (Polish)** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zwrócić się do pracownika o pomoc.
- Deutsch (German)** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte fragen Sie einen Mitarbeiter um Hilfe.
- Italiano (Italian)** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiedere un membro del personale di assistenza.
- 日本語 (Japanese)** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。支援のためのスタッフにお尋ねください。
- Русский (Russian)** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Пожалуйста, попросите сотрудника для получения помощи.
- Srpsko-hrvatski (Serbo-Croatian)** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Zamolite člana osoblja za pomoć.
- Tagalog (Tagalog – Filipino)** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Mangyaring hilingin sa miyembro para sa tulong staff.