

**GERIG SURGICAL ASSOCIATES, P.C.**  
**GENERAL & VASCULAR SURGERY**

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## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND  
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

### **Understanding Your Health Record/Information**

Each time you visit **Gerig Surgical Associates, P.C.**; a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which **Gerig Surgical Associates, P.C.** can assess and continually work to improve the care rendered and the outcomes achieved

Understanding what is in your record and how your health information is used helps you to:

- Ensure Its Accuracy
- Understand Better Who, What, When, Where, And Why Others May Access Your Health Information
- Make more informed decisions when authorizing disclosure to others

### **Your Health Information Rights**

Although your health record is the physical property of **Gerig Surgical Associates, P.C.** or other healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request A Restriction On Certain Uses And Disclosures Of Your Information
- Obtain A Paper Copy Of The Notice Of Information Practices Upon Request
- Inspect And Obtain A Copy Of Your Health Record

- Request To Amend Your Health Record
- Obtain An Accounting Of Disclosures Of Your Health Information
- Request Communications Of Your Health Information By Alternative Means Or At Alternative Locations
- Revoke Your Authorization To Use Or Disclose Health Information Except To The Extent That Action Has Already been taken

### **Responsibilities of Gerig Surgical Associates, P.C.**

**Gerig Surgical Associates, P.C. is required to:**

- Maintain The Privacy Of Your Health Information
- Provide You With A Notice As To **Gerig Surgical Associates, P.C.**'s Legal Duties And Privacy Practices With Respect To Health Information Collected And Maintained By **Gerig Surgical Associates, P.C.**
- Abide By The Terms Of This Notice
- Notify You If **Gerig Surgical Associates, P.C.** is Unable To Agree To A Requested Restriction
- Accommodate Reasonable Requests You May Have To Communicate Health Information By Alternative Means Or At Alternative Locations.

**Gerig Surgical Associates, P.C.** reserves the right to change its practices and to make the new provisions effective for all protected health information maintained by **Gerig Surgical Associates, P.C.**

**Gerig Surgical Associates, P.C.** will not use or disclose your health information without your authorization, except as described in this Notice.

### **Examples of Disclosures for Treatment, Payment and Health Operations**

***Gerig Surgical Associates, P.C. will use your health information for treatment.***

For example: Information obtained by a physician, nurse, or other member of your healthcare team will be recorded in your record and used to determine your course of treatment. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician can monitor your course of treatment.

**Gerig Surgical Associates, P.C.** will also provide a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.

***Gerig Surgical Associates, P.C. will use your health information for payment.***

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may also use your information to contact you regarding an account balance.

***Gerig Surgical Associates, P.C. will use your health information for regular health operations.***

For example: **Gerig Surgical Associates, P.C.** may use and disclose medical information about you for healthcare operations purposes. These uses and disclosures are necessary to run the Surgical practice and make sure that all of its patients receive quality care. For example, **Gerig Surgical Associates, P.C.** may use medical information to review its treatment and services and to evaluate the performance of its staff in caring for you. **Gerig Surgical Associates, P.C.** may also combine medical information about many patients to decide what additional services that **Gerig Surgical Associates, P.C.** should offer, what services are not needed, and whether certain new treatments are effective. **Gerig Surgical Associates, P.C.** may also disclose information to doctors, nurses, technicians, medical students, and hospital personnel for review and learning purposes. **Gerig Surgical Associates, P.C.** may also combine the medical information it maintains with medical information from other providers to compare how **Gerig Surgical Associates, P.C.** is doing and see where **Gerig Surgical Associates, P.C.** can make improvements in the care and services offered. **Gerig Surgical Associates, P.C.** may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Business associates: In some cases, **Gerig Surgical Associates, P.C.** contracts with business associates to provide services on its behalf. Examples include arrangements with business associates to provide billing and collection services. **Gerig Surgical Associates, P.C.** may disclose your health information to such a business associate so that they can perform their respective job functions. To protect your health information, however, **Gerig Surgical Associates, P.C.** requires the business associate to safeguard your information.

Notification: **Gerig Surgical Associates, P.C.** may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: **Gerig Surgical Associates, P.C.**'s health professionals, exercising their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Funeral directors: **Gerig Surgical Associates, P.C.** may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, **Gerig Surgical Associates, P.C.** may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Appointment Reminders and Treatment Calls: **Gerig Surgical Associates, P.C.** may contact you to provide appointment reminders or information about treatment plan, test results or other health-related benefits and services that may be of interest to you. When contacts are made via telephone, messages will be left on answering machines with practice name, physician name, and telephone number.

Food and Drug Administration (FDA): **Gerig Surgical Associates, P.C.** may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: **Gerig Surgical Associates, P.C.** may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, **Gerig Surgical Associates, P.C.** may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, **Gerig Surgical Associates, P.C.** may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: **Gerig Surgical Associates, P.C.** may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law may require your health information to be released to an appropriate health oversight agency, public health authority or attorney, in the event that a work force member or business associate believes in good faith that **Gerig Surgical Associates, P.C.** has engaged in unlawful conduct or has otherwise violated professional or clinical standards and is potentially endangering one or more patients, workers or the public.

If you believe your privacy rights have been violated, you can file a complaint with **Gerig Surgical Associates, P.C.** or the Secretary of the United States Department of Health and Human Services. There will be no retaliation for filing a complaint. If you have questions and/or would like additional information, you may contact

**Darlene Garrett, Administrator**  
**303 South Main, Suite 212**  
**Mishawaka, IN 46544**  
**574-255-3888**

*Effective Date: January 20, 2003*