



Vascular Surgery Associates, LLC

Vascular and Podiatry Specialists

- Founded 1987 -

Upper Chesapeake Medical Center - 520 Upper Chesapeake Dr., Suite 306, Bel Air, MD 21014 - Phone: 410-879-2006/Fax: 410-879-0248
Greater Baltimore Medical Center - 6569 N. Charles St., Suite 701, Towson, MD 21204 - Phone: 410-825-4928/Fax: 410-825-2870
St. Joseph Medical Center - 7505 Osler Dr., Suite 302, Towson, MD 21204 - Phone: 410-296-3845/Fax: 443-275-7679
Union Hospital - 111 West High St., Suite 103, Elkton, MD 21921 - Phone: 443-406-3601/Fax: 443-406-3566
Sinai Hospital - 2411 West Belvedere Ave., Suite 304, Baltimore, MD 21215 - Phone: 443-640-4827/Fax: 410-601-0530
Carroll Hospital Center - 902 Washington Rd., Suite E, Westminster, MD 21157 - Phone: 443-289-9277/Fax: 443-289-9278
Frederick Office - 77 Thomas Johnson Dr., Suite E, Frederick, MD 21702 - Phone: 443-289-9277/Fax: 443-289-9278
Ellicott City Office - 4801 Dorsey Hall Dr., Suite 206, Ellicott City, MD 21042 - Phone: 443-819-3710/Fax: 443-546-3226
Lutherville Office - 1840 York Rd., Suite E, Lutherville, MD 21093 - Phone: 443-991-4745/Fax: 443-991-4370
Abingdon Office - 3435 Box Hill Corp Ctr Dr., Suite H, Abingdon, MD 21009 - Phone: 443-456-3664/Fax: 443-456-3647

HIPAA Notice of Privacy Practices

This notice was revised and is effective: September 23, 2013

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

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive medical information from others. We use these records to provide or enable other healthcare providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health insurance plan and to enable us to meet our professional and legal obligations to operate our medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this notice, please contact our Compliance Manager at the number listed above.

How This Medical Practice May Use or Disclose Your Health Information

Vascular Surgery Associates LLC (VSA) collects health information about you and stores it as a paper chart and on a computer in an electronic health record. This is your medical record. The medical record is the property of the VSA, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

Treatment- VSA uses medical information about you to provide your medical care. VSA discloses medical information to our employees and others who are involved in providing your care. For example, we may share your medical information with other physicians or other healthcare providers who will provide services that we do not provide. We may also share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.

Payment- VSA uses and discloses medical information about you to obtain payment for the services we provide. For example, we give your health insurance plan the information it requires before it will pay us. We may also disclose information to other healthcare providers to assist them in obtaining payment for services they provide to you.

Health Care Operations- VSA may use and disclose information about you to operate our medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health insurance plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as our transcription company that perform our dictation services. We have a written contract with each of these business associates that contain terms requiring them and



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their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearing houses or health insurance plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

Appointment Reminders- VSA may use and disclose medical information to contact and remind you about appointments. If you are not at home, we may leave this information on your answering machine or in a message left with the person answering the phone.

Sign In Sheet- VSA may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

Notification and Communication With Family- VSA may disclose your health information to notify or assist in notifying you or a family member, your personal representative or another person responsible for your care about your location, your general condition or, *unless you had instructed us otherwise*, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notifications. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

Marketing- Provided VSA does not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates with. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

Sale of Health Information- VSA will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any further sales of your health information that you revoke with written authorization.

Required by Law- As required by law, VSA will use and disclose your health information, but we will limit our use and disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

Public Health- VSA may, and is sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we



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believe the notification would place you a risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

Judicial and Administrative Proceedings- VSA may, and is sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected or if your objections have been resolved by a court or administrative order.

Law Enforcement- VSA may, and is sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

Coroners- VSA may, and is often required by law, to disclose your health information to coroners in connection with their investigations of death.

Organ or Tissue Donation- VSA may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissue.

Public Safety- VSA may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Specialized Government Functions- VSA may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in lawful custody.

Workers' Compensation- VSA may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are required by law to report cases of occupational injury or occupational illness to the employer or worker's compensation insurer.

Change of Ownership- In the event that VSA is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

Breach Notification- In the case of a breach of unsecured protected health information; we will notify you as required by law. In some circumstances our business associates may provide notifications. We may provide notification by phone or in writing as appropriate.

Research- VSA may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

Fundraising- VSA may use or disclose your demographic information in order to contact you for our fundraising activities. For example, we may use the dates that your received treatment, the department of services, your treating physician, outcome information and health insurance status to identify individuals that may be interested in participating in fund raising activities. If you do not want to receive these materials, notify the Compliance Manager listed at the beginning of this Notice of Privacy Practices and we will stop any further fundraising communications. Similarly, you should notify the Compliance Manager if you decide you want to start receiving these solicitations again.

When This Medical Practice May Not Use or Disclose Your Health Information.



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Except as described in the Notice of Privacy Practices, VSA will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize VSA to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

Your Health Information Rights.

Right to Request Special Privacy Protections- You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use and disclosure of that information you wish to have imposed. If you tell VSA not to disclose information to your commercial health insurance plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

Right to Request Confidential Communications- You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

Right to Inspect and Copy- You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies of your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision.

Right to Amend or Supplement- You have the right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about VSA's denial and how you can disagree with the denial. VSA may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as it is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

Right to an Accounting of Disclosures- You have a right to receive an accounting of disclosures of your health information made by VSA, except that VSA does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in "How This Medical Practice May Use or Disclose Your Health Information" of the Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent that VSA has received notice from that agency or official that providing this accounting be reasonably likely to impede activities.

Right to a Paper or Electronic Copy of this Notice- You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.



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If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact VSA Compliance Manager as listed in the beginning of the Notice of Privacy Practices.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current Notice of Privacy Practices posted in our reception area, and a copy will be available at each appointment. We will also post the current Notice of Privacy Practices on our website.

COMPLAINTS

Complaints about this Notice of Privacy Practices or how VSA handles your health information should be directed to our Compliance Manager at number listed at the top of this Notice.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Region III - Philadelphia (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia)

Barbara Holland, Regional Manager

Office for Civil Rights

U.S. Department of Health and Human Services

150 S. Independence Mall West

Suite 372, Public Ledger Building

Philadelphia, PA 19106-9111

Main Line (800) 368-1019

FAX (215) 861-4431

TDD (800) 537-7697

The complaint form may be found at www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf You will not be penalized in any way for filing a complaint.