

## **OUR PLEDGE REGARDING HEALTH INFORMATION**

We understand that your health information is personal and we are committed to protecting that health information. We create a record of the care and services you receive to ensure quality care and to comply with contractual and legal requirements. This notice applies to all of the records of your care generated by Urology Center of Las Vegas. It describes your rights and our obligation regarding the use and disclosure of your health information.

### **We are required by law to:**

- \_ protect the privacy of your health information.
- \_ give you this notice of our legal duties and privacy practices with respect to your health information.
- \_ follow the terms of the notice that is currently in effect.

## **HOW MAY WE USE AND DISCLOSE YOUR HEALTH INFORMATION**

The following categories describe different ways we use and disclose health information. We have included some examples of each use and disclosure. Not every use or disclosure within a category will be listed.

- \_ **For Treatment.** We may use or disclose health information about you to doctors, nurses, technicians, residents, health care professional students, and/or other personnel who are involved in your care. For example, a doctor treating you may use your health history in diagnosing your illness. Our physician and nurses may share health information about you in order to coordinate ordering prescriptions, lab work, x-rays and follow-up care. We may disclose health information about you to health care providers outside Advanced Urology who are involved in your outgoing health care.
- \_ **For Payment.** We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a surgery you received, so the health plan will pay us or reimburse you for the surgery. We may tell your health plan about a scheduled treatment to obtain prior approval or to

determine whether your health plan will pay for treatment. We may disclose your health information to entities outside Urology Center of Las Vegas, such as laboratories, which may need this information to bill for services they provide you.

- \_ **For Health Care Operations.** We may use and disclose health information about you for Urology Center of Las Vegas health care operations. These uses and disclosures are necessary to operate Urology Center of Las Vegas and promote quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff. We may also combine health information about many patients to decide what additional services we should offer and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, residents, health care professional students and other personnel for review and learning purposes, we may disclose health information about you to entities outside Urology Center of Las Vegas for their health care operations as long as both Urology Center of Las Vegas and the other entity have treated you. We may also combine the health information we have with information from other health care providers to compare how we are doing and see where we can make improvements in care and services. We may remove information so that others may use it to study health care and health care delivery without learning patient specifics.
- \_ **Appointment Reminders.** We may use and disclose health information to contact you by phone, voice mail, via e mail, or mail to remind you about a schedule appointment.
- \_ **Treatment Alternatives.** We may use and disclose health information to tell you about or recommend treatment options or health-related benefits and services of possible interest to you.
- \_ **Individuals Involved In Your Care of Payment for Your Care.** We may release health information about you to family or any other person you identify as involved in your health care or who is involved in the payment for your care. We will release this information if you agree to the disclosure or are given the opportunity to object to such a disclosure and do not. We may also release your

health information where, in our professional judgment, it would be common practice and in your best interest to allow a person to act on your behalf. For example, a friend may pick up your prescriptions or medical supplies. In addition, we may disclose health information about you in a disaster relief effort so that your family can be notified about your condition, status and location.

- \_ **Limited Data Set.** Each of us may use and disclose your health information (not including your name, address or other direct identifiers) for research, public health or health care operations. We will only do so if the recipient signs an agreement to protect the information and not use it to identify you.
- \_ **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent or lessen a serious and imminent threat to person's or the public's health or safety. Any disclosure would only be to someone able to help prevent or lessen the threat.
- \_ **Organ and Tissue Donation.** We may release health information to organizations that facilitate organ, eye or tissue procurement, banking or transplant.
- \_ **Workers' Compensation.** We may release health information as authorized by and to the extent necessary to comply with state worker's compensation laws or other similar programs.
- \_ **Public Health Activities.** We may disclose your health information for public health activities, including:
  - reporting health information to public health authorities for the purpose of preventing or controlling disease, injury or disability;
  - reporting child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports;
  - reporting information about products and services under the jurisdiction of the U.S. Food and Drug Administration;
  - alerting a person who may otherwise be at risk of contracting or spreading a disease or conditions; and
  - reporting information to your employer as required under laws addressing work related illnesses and injuries or workplace medical surveillance.
- \_ **Abuse and Neglect or Domestic Violence.** If we reasonably believe a person has been the victim of abuse,

appropriate military authorities. If you are foreign military personnel, we may disclose your health information to the appropriate foreign military authority.

**National Security and Intelligence**

**Activities.** We may release your health information to authorized federal officials for the intelligence and other national security activities authorized by law.

**Medical Suitability Determinations.**

We may release your health information to the Department of State of Medical Suitability Determinations.

**Protective Services for the President and Others.**

We may disclose your health information to authorize federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Inmates.** We may release your health information to a correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety, security and good order of the correctional institution.

**Highly Confidential Information.**

Federal and state law requires special privacy protections for certain highly confidential information. We will follow any additional laws protecting such information.

**As Required By Law.** We will disclose health information about you when required to do so by any law not already referenced in this Notice.

**OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your authorization. If you provide us authorization to use or disclose your health information for your health information, you may revoke your authorization, we will no longer use or disclose health information for the reasons covered by your written authorization. You understand that: (1) we will make disclosures where required by law; (2) we are unable to take back any disclosures we have already made with

your authorization; and (3) we are required to retain records of the care provided.

**YOU HAVE THE FOLLOWING RIGHTS REGARDING THE HEALTH INFORMATION WE MAINTAIN ABOUT YOU:**

**Right to Inspect and Copy.** You have the right to inspect and copy some of the medical information that may be used to make decision about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

**Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Urology Center of Las Vegas. To request an amendment, your request must be in writing and submitted to the University Privacy Officer at the address below. You must provide a reason that supports the request. We reserve the right to deny your request to amend information that is:

- Not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Not part of the information which you would be permitted to inspect and copy under the law; or
- Accurate and complete.

**Right to an Accounting of Disclosures.**

You have the right to request an accounting of disclosures, which is a list of disclosures of your health information made without your authorization and unrelated to treatment, payment or operations. To request an accounting of disclosures, you must submit a request in writing to Urology Center of Las Vegas. Your request may be for disclosures made during any time period prior to the date of your request up to six years. If you request an accounting more than once during a twelve (12) month period, we will charge you.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on health information we use or disclosure about you for treatment, payment or health care operations. You

also have the right to request a limit on the health information we disclose to family or friends who are involved in your care or paying for your care. We are not required to agree to your request. If we do not agree to the request, we will comply with your request unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to Advanced Urology of Central Florida. Your request must state the information you want to limit; how you want to restrict our use or disclosure; and to whom you want the limits to apply.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to Urology Center of Las Vegas. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**EFFECTIVE DATE AND CHANGES TO THIS NOTICE**

This Notice is effective beginning July 01, 2006. We reserve the right to change this notice. We may also be required by law to change our privacy practices and this notice. We reserve the right to make the revised notice effective for health information we already have about you as well as new information we receive. If there is a material change in this notice, we will post the new notice at our office.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Urology Center of Las Vegas or with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

For answers to questions or additional information about this Notice and our Privacy Practices, please contact:

Urology Center of Las Vegas  
Attn: Administration  
653 Town Center Drive, Suite 302  
Tel: (702) 212-3428 \_ Fax: (702) 212-3452  
[www.urologycenter-lasvegas.com](http://www.urologycenter-lasvegas.com)