



Effective: February 14, 2013

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

Precision Surgery Inc. is committed to protecting the confidentiality of information about you, and is required by law to do so. This notice describes how we may use and disclose information about you. This notice also describes the rights you have concerning your own health information. Please review it carefully and let us know if you have any questions.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU:

Treatment: Precision Surgery Inc. may use and disclose information about you with medical services and supplies. We may also disclose information about you to others that need that information to treat you such as physicians, physicians assistants, nurses, medical and nursing students, technicians, therapist, pharmacist, emergency services and medical transportation providers, medical equipment providers and other involving your care. For example, we may allow your physician to have access to your medical record to assist in your treatment and for follow-up care.

Family members and others involved in your care: Precision Surgery Inc. may disclose information about you to a family member or friend involved in your medical care. If you do not want us to disclose information about you to family members or others, you must notify our staff. In the event of a disaster, we may disclose information about you to help locate a family member or friend.

Payment : Precision Surgery Inc. may use and disclose information about you in order to bill and collect payment for the medical services and supplies we provide to you. For example, your health plan or health insurance may request to see parts of your medical record before they will pay us for your treatment.

Health Care Operations: Precision Surgery Inc. may use and disclose information about you if it necessary to improve the quality of care we provide to you or to run the health care operations. We may use information about you to conduct quality assessment activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

We may also use disclose information about you to contact you to remind you of an upcoming appointment ,or to inform you of treatment options or health-related services available to you.

Public Health/Health Oversight Agencies: Precision Surgery Inc. also may disclose certain information to authorities that are authorized by law to collect information, For instance we may need to report certain problems with medications or medical products to the manufacture and to the FDA, or we may need to notify patients of recalls of products they are using.

Public Safety: Precision Surgery Inc. may disclose information to law enforcement officials to reduce or prevent threats to your health and safety and health and safety of others.

Lawsuits and Similar Proceedings: Precision Surgery Inc. may use or disclose medical information in a lawsuit in response to a court or administrative order.

Research: Precision Surgery Inc. may use or disclose information about you for research products ,such as studying the effectiveness of your treatment. These research products must go through a special process that protects the confidentiality of your information.

Workers Compensation: Precision Surgery Inc. is also required to give information to the state workers' compensation program for work-related injuries.

Required By Law: Federal, state, or local laws do NOT require patient consent to disclose information which is required to be reported. For instance, we are required to report child abuse and neglect, domestic violence, etc.

Organ and Tissue Donation: Precision Surgery Inc. may disclose medical information to organizations that handle organ. eye, or tissue donation or transportation.

Correctional Institutions: Precision Surgery Inc. may disclose information to a correctional institution or law enforcement officer if you are an in ,are or under the custody of a law enforcement officer.

Military, Veterans ,National Security and other Government Purpose: If you are a member of the armed forces, Precision Surgery Inc. may disclose medical information about you to the Department of Veteran Affairs as required by military authorities.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:

Right to Request Your Protected Health Information:

You have the right to inspect and/or obtain a copy of your medical record information, except psychotherapy notes. To request your information, submit a written authorization to our office. We may charge a fee to copy your information. We will notify in advance the amount we will charge to copy your information . We will respond to your request within 30 days for information stored onsite and 60 days for information stored offsite. We may request a one 30day extension. In certain circumstances we may deny your request.

Right to Request to Amend Information: You have the right to request an amendment of your medical record if you believe your health information is incorrect or incomplete. You may submit a written request to our office to amend your information. You must provide us with a reason that supports your request if you fail to submit your request and reasoning in writing. Also, we may deny your request if you ask us to amend information that is in our opinion accurate and complete. Our privacy officer will respond to written request within 30 days.

Right to Provide Us with an Authorization For Other Uses and Disclosure: We will obtain your written authorization for uses and disclosures not identified by this notice unless permitted or required by law. You may revoke your written authorization at any time in writing, except if we have already taken action on the information disclosed or if we are permitted by law to use the information.

Right to Request a List Of Certain Disclosures of Your Information: You have the right to list of certain disclosures we made of information about you. If you would like to receive a list submit a written request to our privacy officer. All request must state a time period, which may not be longer than six years from the date of the disclosures and may not include dates before July 2008. We will provide the first list to you at no charge, but we may charge for any additional lists you request during the same year. We will tell you cost of the list in advance. This list will not include our disclosures related to your treatment, our payment or health care operations. This list may also exclude certain other disclosures, Such as security purpose or any disclosures made to you or with your authorizations. Our privacy officer will respond within 60 days and a 30 day one time extension may be applied.

Right to Request Restrictions on How We will Use or Disclose Your Health Information: You have the right to request that we restrict or limit how we use or disclose your protected health information. You also have the right to request that we restrict our disclosure of your information to only certain individuals involved in your care or payment for your care, such as family members or friends. WE are not required to agree with your request, but if we will comply with that agreement unless that information is necessary to provide you with emergency treatment. If you want to request a restriction, submit your request in writing describing (1) what information you want to limit, (2) whether you want to limit how we use or disclose your information, or both: and (3) to whom you want the restrictions to apply.

Right to Request Confidential Communication: You have the right to request that we communicate with you about your health related issues in a way that you feel is more comfortable. We will accommodate reasonable request in writing. We will provide you with a form upon your request. For example, you may ask that we contact you at home rather than your work.

Which Health Care Providers Does This Notice Cover: This Notice of Privacy practices applies to Precision Surgery Inc. and its physician(s), personnel, volunteers, students, trainees, and all Business

Contracts ,privy to patient information. All Business Associates have a Business Associate Agreement with Precision Surgery Inc.

Change to This Notice: We reserve the right to change this Notice Of Privacy. Any revision or amendment to this notice will be effective for all information about you we maintain. Our practice will post a current Notice of Privacy of Practices in our office and you may request a copy of our current Notice at any time.

If You Concerns Or Complaints: Please tell our office about any concerns you have with your privacy rights. If you have a concern or complaint please contact our privacy officer listed below. If for some reason our privacy officer cannot resolve your concern, you may file a complaint with the federal government. To file a complaint against Precision Surgery Inc. contact the Secretary of the Department of Health and Human Services. All complaints to our privacy officer must be in writing. You will not be penalized for filing a complaint. Precision Surgery Inc. is required by law to give you this notice and to follow terms of the notice that is currently in effect. I you have any questions about this notice, please contact our office.

TO FILE A COMPLAINT WRITE TO OUR PRIVACY OFFICER:

Dr. Johnny Serrano, D.O or

Vanessa Vasquez

5310 W. Thunderbird Rd. #202

Glendale, AZ 85306