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## **Notice of Health Information Practices – Please Review It Completely**

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION.**

### **Introduction**

At the Association of South Bay Surgeons, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices described the personal information we collect, and how we use or disclose that information. It also described your rights as they relate to your protected health information. This notice is effective 11/1/13, and applies to all protected health information as defined by federal regulations.

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

Each time you visit the Association of South Bay Surgeons; 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 records serve as a:

- Basis for planning your care and treatment.
- Legal document describing the care you received.
- Means of communication among the many health professionals who contribute to your care.
- 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 this state and the nation.
- A source of data for our planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: Ensure its accuracy. Better understand who, what, when, where and why others may access your health information and make more informed decisions when authorizing disclosures to others.

### **You're Health Information Rights**

Although your health record is the physical property of Association of South Bay Surgeons, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request (also available to print on our website in the HIPAA Compliance tab).
- Inspect and copy your health record as proved for in 45CFR 164.524.
- Amend your health record as proved in 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- Request communications of your health information by alternative means or at alternative locations.
- Request a restriction on certain uses/disclosures of your information as provided by 45 CFR 164.522.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Our Responsibilities**

The Association of South Bay Surgeons is required to:

- Maintain the privacy of your health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative locations.

We reserve the right to change our practices and to make the new provision effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you. We will not use or disclose your health information without your authorization, except as described in this notice. We will discontinue the disclosure of your health information after we received a written revocation of the authorization according to the procedures included in the authorization.

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

#### **We will use your health information for treatment.**

For example: Information obtained by a nurse, physician or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Member of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from the hospital.

#### **We will use your health information for payment.**

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San Pedro General Surgery Office: 1360 W. 6<sup>th</sup> Street, Suite 200, San Pedro, CA 90732  
Torrance Vascular Surgery Office: 23560 Madison Street, Suite 110, Torrance, CA 90505  
Telephone: (310) 373-6864 • Facsimile: (310) 373-6065  
[www.southbaysurgeons.com](http://www.southbaysurgeons.com)

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 will use your health information for regular health operations.**

For example: Members of the medical staff, the risk or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

**We will use your health information for Health Information Exchange (HIE).**

Association of South Bay Surgeons may make your individual health information available to a sponsored Health Information Exchange (HIE) and to a regional and/or National Health Information Exchange including, but not limited to, the National Health Information Network (NHIN). A HIE is the electronic transmission of healthcare-related information among facilities, health information organizations and government agencies which provides a mechanism for healthcare providers to share information electronically, with the common goal to improve healthcare delivery and the quality of care for our patients while protecting the privacy and security of health information. **For example**, we will be sharing your health information with our Accountable Care Organization (ACO). If you received treatment in our office and your physician, who may be a participant in our ACO, would be able to access and review the treatment you received at the office during your physician office visit. You physician will have access to the most current information about your care and treatment.

Accountable Care Organizations (ACO) are organizations formed by groups of doctors and health care providers that have agreed to work together to improve care coordination and providing care that is appropriate, safe and timely. An ACO must meet quality standards set by the Centers of Medicare Medicaid Services (CMS) relating to care coordination and patient safety, appropriate use of preventative health services, improved care at-risk populations, and patient and caregiver experience of care.

**Business associates:** There are some services provided in our organization through business associates. Examples include physician services in emergency department and radiology, certain laboratory tests, third party entities, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Directory:** Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or any other person responsible for your care, you location, and general condition.

**Communication with family:** Health professionals, using 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.

**Research:** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

**Funeral directors:** We may disclose health information to the funeral directors consistent with applicable law to carry out their duties.

**Organ procurement organizations:** Consistent with applicable law, we 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.

**Marketing:** We may contact you to provide appointment reminders or information about your treatment alternatives or other health related benefits and services that may be of interest to you.

**Fund raising:** We may contact you as part of a fund-raising effort.

**Food and Drug Administration (FDA):** We 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:** We may disclose health information to the extent authorized by and the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public health:** As required by law, we 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, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**For More Information or to Report a Problem**

If you have any questions and would like additional information, you may contact the practice's **Privacy Officer**, Rolfe Metzger, at 310-373-6864 or at [Rolfe@southbaysurgeons.com](mailto:Rolfe@southbaysurgeons.com).

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights (OCR), U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office of Civil Rights. The address for the OCR is listed below:

**Office of Civil Rights:** **U.S. Department of Health and Human Services**  
**200 Independence Avenue, S.W.,**  
**Room 509F, HHH Building**  
**Washington, D.C. 20201**  
**Email: [OCRComplaint@HHS.gov](mailto:OCRComplaint@HHS.gov)**  
**Website: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>**  
**Toll-Free Phone: 1(877)696-6775**

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