



Office of
Jeffrey G. Deppen, D.O., F.A.C.O.S.
Troy M. Ferguson, D.O., F.A.C.O.S.
Mark Jones, D.O., F.A.C.O.S.
Werner H. Henning, D.O.

NOTICE OF PRIVACY PRACTICES

PURPOSE

This notice describes how your medical information obtained in our office may be used and disclosed. It also describes how you may get access to this information.

Jeffrey Deppen, D.O., Troy Ferguson, D.O., Werner Henning, D.O., Mark Jones, D.O. and staff of Lansing Surgical Associates PLLC understand that medical information about you and your health is private and personal. We create a medical record that details the care and services you receive or recommend. We need the medical record in order to provide you with quality care and to comply with certain legal requirements.

For patients our named physicians care for during a hospital stay, the hospital(s) may have different policies and/or notices about your medical information obtained by them.

HOW WE MAY DISCLOSE OR USE YOUR MEDICAL INFORMATION

Category 1-Continuity of Care

We may use your medical information to provide you with medical treatment or services. Your information may be shared with:

- Another physician within our office to take over a visit or your care in the case that your physician may be away
- A referral to a specialist outside of our office to take over your care
- A surgery facility scheduling a surgery, a procedure, or a test
- A consultation letter to your primary care physician who referred you to our office
- An insurance company for approval of a surgery, procedure or a test
- Yourself as the patient for appointment reminders

Category 2-Payment

Information may be disclosed about your medical treatment, condition or services for the purpose of billing insurance(s), billing yourself or guardian, and billing any third parties required to collect monies.

Category 4-For Health Care Operations

In order to operate a practice in a way that ensures our patients receive quality care, we may use and disclose medical information. The following are examples of disclosures of medical information for health care operations. We may:

- Use and disclose medical information about you to discuss treatment and service options with other physicians.
- Combine your medical information with medical information about other patients to determine if we need to offer additional services to patients.

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- Disclose medical information to physicians, nurses, technicians and medical students for review and learning purposes
- Combine the medical information we have with medical information from other practices to see where we can make improvements in our care and services.
- Remove information that identifies you from a set of health information so that others can use it to study health care without learning who the specific patients are.

Category 5-Research

Under certain circumstances we may use and disclose medical information about you for research purposes. We may disclose medical information to researchers preparing to conduct a research project. For example, researchers may need to look for patients with specific medical needs and we might assist them with that. Another example might be that your physician decides to participate in research of a new medication. There are several things you should know about research projects:

- Research projects are subject to a special approval process, usually handled by the FDA. The process includes considering a patient's right to privacy of their health information and the need to conduct research to improve medical care. Before one of your physicians participates in a research project, it will have been approved by the FDA.
- If you are a candidate for participation in a research project, you will always be given very specific information about the research project and be asked if you want to participate.

Category 6-Lawsuits, Disputes and Legal, Coroners, Medical Examiners, Funeral Directives

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order, a subpoena, discovery request or other lawful process.

We will cooperate with law enforcement which may require us to release your medical information for a court or administrative order, a subpoena, a discovery request or other lawful process. This may also apply to assisting law enforcement with identifying or locating victims and deaths that are a result of criminal conduct.

We may release medical information to a coroner or medical examiner to identify a deceased person or determine cause(s) of death.

We may release information to a funeral director as necessary to carry out their duties.

INMATES: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official for them to provide you with health care, protect your health and safety of others or for the safety and security of the correctional institution.

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YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Right to Inspect and copy

You have the right to request a copy of your medical information created by Lansing Surgical Associates PLLC as a result of your treatment or care with a physician within our office. This includes medical and billing records.

To request a copy, please put your request in writing. The first copy will be at no charge. Any copies after this will have a fee attached. Please allow 1 week for the request to be approved and processed, at which time we will call you and notify you to pick up your records in the office. You will be required to sign a release of medical information to pick up the copy(ies).

Right to Amend

If you feel that medical information we have produced about you is incorrect or incomplete, you have a right to do a written request to amend the information. This request must be in writing and provide reason as to why the information should be amended.

We may deny the request for amendment if the record in question was not created by any physicians of our office, is not a record of Lansing Surgical Associates, or is found to be accurate and complete.

Right to Accounting of Disclosures

You have a right to request a list of disclosures we have made of medical information about you.

To request this accounting, the request must be in writing to Lansing Surgical Associates. Your request must state a time period for which you are requesting records. The first list you request will be at no charge. Any further copies will have a fee attached. Please allow 1 week for the request to be approved and processed, at which time we will call you and notify you to pick up your records in the office. You will be required to sign a release of medical information to pick up the list.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by cell phone or work phone instead of your home phone. Please note this information is on your initial new patient paperwork but can be changed by you at any time by putting the request in writing. We will make every effort to accommodate your request as long as it is legal and provides for privacy as required by this notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services or Lansing Surgical Associates PLLC by putting the complaint in writing.

CHANGES TO THIS NOTICE

We reserve the right to change or update this notice to remain compliant with law and our practice policies. Any changes will be effective to any and all medical information we have regarding you.

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