



Nebraska Urology & Urology Surgical Center Notice of Privacy Practices

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Omnibus Rule effective March 26, 2013,

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

OUR COMMITMENT TO YOUR PRIVACY

Nebraska Urology, P.C. and Urology Surgical Center, LLC (referred to herein collectively as “NU” and sometimes “we” or “us”) are dedicated to maintaining the privacy of your **protected health information (PHI)**. During your treatment, doctors, nurses, and other members of our staff will gather identifiable information about you, including, but not limited to, your medical history, your current health, and your billing information. NU is subject to, and must comply with the requirements of, the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and other laws protecting the confidentiality, security, and availability of your PHI. We are required by law to provide you with this Notice of our legal duties and the privacy practices that we maintain in our office concerning your PHI. We are required by law to maintain the confidentiality of health information that identifies you. By law, we must follow the terms of the Notice that we have in effect at the time. Bear in mind that the information we disclose in accordance with this Notice might be subject to redisclosure by the recipient and, in some instances, may no longer be protected under HIPAA.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights regarding your PHI
- Our obligations concerning the use and disclosure of your PHI

We may change the terms of our Notice, at any time. The new Notice will be effective for all PHI that we maintain at that time. You may request a copy of our most current Notice at any time. We will always post a copy of our current Notice in our offices in a visible location.

1. WE MAY USE AND DISCLOSE YOUR PHI

The following are examples of the types of uses and disclosures of your PHI that our office may make under this Notice. We are not required to obtain your authorization for these uses and disclosures of your PHI. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: Our office will use, receive, and disclose your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We may request your prescription eligibility, benefits, formulary, and medication history online. We might use your PHI to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our office – including, but not limited to, our doctors and nurses – may use or disclose your PHI to treat you or to assist others such as hospitals, specialists, home health agencies or your primary care physician in your treatment.

Release of Information to Family/Friends. Our office may release your PHI to your spouse friends and/or family members that are involved in your care unless you request in writing, that such disclosures are not to be made. We may also use/disclose your PHI to notify a relative or other person responsible for your care of your location, general condition, or death. If you are not present or are unable to state an objection or to request a restriction to such use/disclosure, we may, in our professional judgment, determine whether the use/disclosure is in your best interest. Further, in the event of your death, we may disclose to a member of your family, a relative, a friend, or any other person you identify your PHI that directly relates to that person’s involvement in your care or who has responsibility for payment of your care, unless such disclosure is inconsistent with your prior-expressed preference that is known to MGI. We may disclose your PHI to a public or private entity, authorized by law or by its charter to assist in disaster relief efforts, for the purposes of notifying your family about your condition, status and location.

Payment: Your PHI will be used and disclosed, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may require before it approves or pays for the health care services, we recommend for you such as: deciding of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to your health plan to obtain approval for the hospital admission. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items.

Health Care Operations: Our office may use and disclose your PHI to operate our business. These activities include, but are not limited to quality assessment and improvement activities, reviewing the quality of care provided by your health care providers, training of personnel and medical students, licensing and conducting or arranging for other business activities.

Appointment Reminders: We may use your medical information to send you appointment reminders or call you on the phone. Our office will try to disclose only the minimum necessary PHI for our patients while completing these tasks. Please be aware that if you call us on a cellular phone or cordless phone these may not be secure. If you provide us with a cellular phone number you are giving us permission to contact you in this manner.

Business Associates: We will share your PHI with third party “business associates” that perform various activities (*e.g.*, billing, transcription services) for the office. Whenever an arrangement between our office and a business associate or a subcontractor of the business associate, involves the use or disclosure of your PHI, we will have a written agreement that contains terms that will protect the privacy of your PHI.

Emergencies: If you are unable to agree or object to a disclosure due to your incapacity in an emergency, we may exercise our professional judgement to determine whether a disclosure is in your best interest.

Communication Barriers: We may use and disclose your information if we are unable to obtain authorization due to communication barriers and we determine, using professional judgement, that you intend to authorize this disclosure under the circumstances.

Incidental Uses and Disclosures: There may be incidental uses and disclosures of your PHI that cannot reasonably be prevented. For example, when your name is called in our waiting room, we cannot prevent other people in the waiting room from overhearing your name.

2. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information without your consent, authorization, or opportunity to object:

As Required by Law: We may use and disclose your PHI when we are required to do so by federal, state or local law; however, we will limit the use or disclosure to the minimum amount required for us to comply with such legal requirement. 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 comply with the requirements set forth below concerning those activities.

Public Health Risks/Serious Threats to Health or Safety: Our office may disclose your PHI to public health authorities that are authorized by law to collect such information, such as: (i) to report, prevent or control disease, injury or disability; (ii) to report births and deaths; (iii) to report child abuse or neglect; (iv) to report adverse reactions to medications or problems with products; (v) to notify people of problems with, or recalls of, products; (vi) to notify a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition; and (vii) to notify appropriate government authorities if we believe a patient has been the victim of domestic violence, abuse, or neglect. We will make these disclosures only if you agree, unless we are required or otherwise authorized by law to do so. We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization

able to help prevent the threat. Examples: Centers for Disease Control, Food and Drug Administration, Social Service Organizations.

Health Oversight Activities: Our office may disclose your PHI to health oversight agencies for quality accreditation or other activities authorized by law. Examples: Tumor Registries, licensure, investigations, inspections, audits, surveys, or disciplinary actions (such as civil, administrative, and criminal procedures or actions), or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

Legal Proceedings: Our office may disclose your PHI during any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: Our office may also disclose your PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include, but are not limited to, (1) legal processes and other proceedings required by law, (2) limited information requests for identification and location purposes, (3) requests pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on our premises, and (6) medical emergency (not on our premises) and it is likely that a crime has occurred.

Abuse or Neglect. Our office may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Deceased Patients: Our office may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. We may also disclose PHI to a funeral director, as authorized by law, to permit the funeral director to carry out his/her duties. If you are an organ or tissue donor, we may use and disclose your PHI for permitted cadaveric organ, eye, or tissue donation and transplantation purposes, including disclosures to organizations involved in procuring, banking, or transplanting donor organs and tissues.

Research: Our office may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your PHI is being used only for the research and (iii) the researcher will not remove any of your PHI from our office; or (c) the PHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the PHI of the decedents.

Military: Our office may disclose your PHI to the U.S. military for Armed Forces personnel, under certain circumstances; to the Department of Veterans Affairs for determination of eligibility, and; to the U.S. Department of State or other authorized agency conducting national security and intelligence activities, including protective services for the President or others legally authorized.

National Security: Our office may disclose your PHI consistent with applicable federal and state laws, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, or if necessary for law enforcement to identify or apprehend an individual. Our office may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials to protect the President, other officials, or foreign heads of state, or to conduct investigations.

Inmates: Our office may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

Employers: We may disclose to your employer some of your PHI obtained while providing health care services to you, if such services are performed at the request of your employer for purposes of conducting an evaluation relating to legally required workplace medical surveillance or determining whether you have a work-related illness or injury.

Workers' Compensation: Our office may release your PHI for workers' compensation as necessary to comply with laws relating to and/or similar programs. We are required by law to report cases of occupational injury or illness to the employer or workers' compensation insurer.

Change of Ownership: In the event NU is sold or merged with another organization, your PHI will become the property of the new owner and be subject to its HIPAA Notice of Privacy Practices. You will retain the right to request that copies of your PHI be transferred to another health care provider, and your HIPAA rights with respect to your PHI will remain the same.

3. SUBSTANCE USE DISORDER TREATMENT INFORMATION

If we receive or maintain any substance use disorder treatment records about you that are protected under 42 C.F.R. Part 2 ("SUD Treatment Records"), we will not disclose those SUD Treatment Records without your written consent. We may use/disclose your SUD Treatment Records as follows:

Treatment, Payment and Health Care Operations: If we receive or maintain your SUD Treatment Records from a substance use disorder treatment program that is covered under 42 C.F.R. Part 2 (a "Part 2 Program") pursuant to a general written consent that you provide to the Part 2 Program to use and disclose your SUD Treatment Records for purposes of treatment, payment, and/or health care operations, then we may use and disclose your SUD Treatment Records for such treatment, payment, or health care operations purposes.

Specific Authorization: If we receive or maintain your SUD Treatment Records through a specific written consent that you provide to us or to a third party, then we may use and disclose your SUD Treatment Records only as expressly permitted by you in your specific consent.

In no event will we use or disclose your SUD Treatment Records, or testimony that describes the PHI contained in your SUD Treatment Records, in any civil, criminal, administrative, or legislative proceedings by an federal, state, or local authority against you, unless authorized by your written consent or the order of a court after you have been provided notice of the court order and an opportunity to be heard.

4. YOUR RIGHTS REGARDING YOUR PHI

The following is a statement of your rights regarding PHI and a brief statement of how you may exercise these rights:

Right to See and Get Copies of PHI: In most cases, you have the right to look at and/or request copies of information maintained in our designated record set, except for (i) psychotherapy notes (if any); (ii) certain laboratory information restricted by federal law; and (iii) information compiled in reasonable anticipation of, or for use in, any civil, criminal, or administrative action or proceeding. Your request must be in writing. We will do our best to respond to your request within thirty (30) days, unless state law requires us to respond sooner. In some cases, we may deny your request. If your request is denied, you may, in some instances, have the right to have such denial reviewed. If we do deny it, we will explain the reason for the denial and, if applicable, we will provide you with instructions for how you can have the denial reviewed.

If you request a copy of your records, we may charge a fee for this service.

Right to Amend your Records: You may request an amendment to your PHI if you believe there is an error. That request must be in writing and must clearly explain your reasoning. We will comply with your request, unless we believe the records are correct or were not created by us. If we deny your request, you can write a statement of disagreement which will be kept

with your medical information. If you file a statement of disagreement, we reserve the right to respond to your statement. You will receive a copy of any response we made and such response will also become a part of your record.

Right to an Accounting of Disclosures: You have the right to request a list of disclosures we have made to others regarding your medical information during the six (6) years prior to the date of your request. Your request must be in writing, and it must state a time period that may not be longer than the six (6) immediately preceding the date of your request. It excludes disclosures for treatment, payment, healthcare operations, ones made to you or a family member involved in your care, ones to corrections or law enforcement personnel, and those for national security purposes.

Right to Request Restrictions: You have the right to ask that we limit how we use and disclose your medical information. Your request must be submitted in writing, and must specifically describe in a clear and concise fashion: (1) what information you want to limit; (2) whether you want to limit our use or disclosure or both; and (3) to whom you want the limits to apply. We will consider your written request, but we are not legally required to accept your restrictions. If we accept your request, we will abide by it except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make. You have the right to request restrictions of certain disclosure of PHI to your health plan when you have paid out of pocket, in full, for your treatment. We do not have the authority to bind anyone else to restrictions that you request and we agree to. We may terminate any restriction by giving you written notice; provided, our termination shall only be effective with respect to information created or received after we have given you such notice of termination of the restriction. We may not terminate a restriction that we are required by law to agree to with respect to disclosure to health plans, as described above.

Right to Ask for Private Communications. You have the right to ask that we send information to you at an alternate address or by alternate means. Your request must be in writing. We will agree with your request if we can reasonably do so. We reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will attempt to notify you per your original request before we attempt to contact you by other means or at a different location.

Right to Breach Notification: You have the right to be notified following a breach of unsecured protected health information. In the event your unsecured PHI is accessed, acquired, used, or disclosed in a manner not permitted by law and that compromises its security or privacy, we will notify you within sixty (60) days. We will report any breaches of your unsecured PHI in accordance with applicable federal and state law.

Right to Opt Out of Fundraising Communications: Urology PC may contact you to raise funds and you have the right to opt out of receiving such communications. If we receive or maintain your SUD Treatment Records (defined above), you can choose to opt out of receiving fundraising communications before we send you any such communications.

Right to a Paper Copy of This Notice: You are entitled to receive a paper copy of our Notice. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, contact **Privacy Officer, Nebraska Urology/Urology Surgical Center 5500 Pine Lake Road, Lincoln, NE 68516**. You are also able to obtain a copy of this Notice by visiting our website.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services Office for Civil Rights. To file a complaint with our office, contact **Privacy Officer** or you may contact the Office of Civil Rights at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Right to Provide an Authorization for Other Uses and Disclosures: Our office will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law. In addition, an authorization may be requested for uses and disclosures that are identified in this Notice. You may change your mind, in writing, at any time. If you do change your mind, we will no longer use the information for the reason covered by your authorization, but we cannot take back information that has already been released to others.

- **Marketing:** We may use and disclose your PHI for marketing purposes only with your prior authorization, unless the use is in the form of a face-to-face communication made by us to you or involves a promotional gift of nominal value given from us to you. The authorization will disclose whether we receive any compensation for the marketing activity you authorize, and we will stop any future marketing activity to the extent that you revoke that authorization. Marketing uses/disclosures do not include activities such as us contacting you about health-related products or services offered by NU, or to manage or coordinate your care, or to encourage you to maintain a healthy lifestyle, or to remind you to refill prescriptions.
- **Sale of PHI:** Except in connection with a sale of NU or its merger with another organization, as discussed above, we may only sell your PHI to a third party with your written authorization.

5. ORGANIZED HEALTH CARE ARRANGEMENT

This Notice of Privacy Practice of Nebraska Urology also describes the privacy practices of an “organized health care arrangement” or OHCA between this facility and the following entities: Associated Anesthesiology, PC, Physicians Laboratory, Radiation Oncology Consultants, Radiology Associates, Advanced Medical Imaging, Pathology Medical Services, and Osborne Physics Consulting. Because our Facility is a clinically-integrated care setting, our patients receive care from Facility staff and from independent practitioners as well. Our facility and its Medical Staff must be able to share your medical information freely for treatment, payment and health care operations as described in this Notice. Because this Facility and the previously identified entities have entered an OHCA this will allow us to:

1. Use this Notice as a joint notice of privacy practices for all visits and follow all information practices described in this notice.
2. Obtain a single signed acknowledgment of receipt.
3. Share medical information from all visits with eligible providers to help with health care operations.

This OHCA does not cover the information practices of the other entities at other practice locations. Only services performed at Nebraska Urology or the Urology Surgical Center.

Again, if you have any questions regarding this Notice or our health information privacy policies, please contact **Privacy Officer, Nebraska Urology, 5500 Pine Lake Road, Lincoln, NE 68516.**

Changes to This Notice:

We reserve the right, or may be required by law to change our privacy practices, which may result in changes to the Notice. We reserve the right to make the most current Notice effective for information that we already have about you as well as any information we receive in the future.

Effective Date: April 14, 2003

Revised Date: August 11, 2003

Revised Date: December 30, 2008

Revised Date: June 1, 2011

Revised Date: February 13, 2013

Revised Date: July 24, 2024

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