

## **Ozark Surgical Group Notice of Privacy Practices**

Effective Date: April 14, 2003. Last updated: February 1, 2026.

If you have questions about this notice or if you need more information, please contact our Privacy Officer:

Chasity Butler BA, CPC, CRC

Mailing Address: 901 Burnett Drive, Mountain Home AR 72653

Telephone: 870-425-9120 Fax: 870-424-7666

### **About This Notice**

We are required by law to protect the privacy and security of your Protected Health Information (PHI). This Notice of Privacy Practices explains how we may use and disclose your PHI, your rights regarding that information, and our legal responsibilities related to safeguarding it. PHI includes information that identifies you and relates to your health, health care services, or payment for those services.

You have specific rights concerning your PHI, and we have corresponding legal obligations. We are required to follow the terms of this Notice currently in effect and to provide you with a copy upon request. Please review this Notice carefully, as it describes how your medical information may be used and disclosed and how you can access that information.

### **What Is Protected Health Information (PHI)?**

Protected Health Information (PHI) is information that individually identifies you and that we create, receive, or maintain in the course of providing health care services. PHI may be obtained directly from you or from other sources such as health care providers, health plans, employers, or health care clearinghouses. PHI includes information related to:

- Your past, present, or future physical or mental health or condition;
- The provision of health care services to you; and
- The past, present, or future payment for the provision of health care services.

This information may exist in written, electronic, or oral form and is protected by federal and state privacy laws.

### **How We May Use and Disclose Your PHI**

We are permitted to use and disclose your PHI in certain situations without your written authorization, including for treatment, payment, health care operations, appointment reminders, communications with a legal guardian or personal representatives (executor or administrator of your estate after your death), legal requirements, workers compensation, law enforcement (in response to a court/administrative order) and public health and safety purposes.

## **Your Written Authorization is Required for Other Uses and Disclosures**

Uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation of the authorization.

## **Special Protections for HIV, Alcohol, Substance Abuse, Mental Health and Genetic Information:**

Special privacy protections apply to HIV-related information, mental health, and genetic information. For example, if we give you a test to determine if you have been exposed to HIV, we will not disclose the fact that you have taken the test to anyone without your written consent unless otherwise required by law.

If we receive or keep information about you from a substance use disorder treatment program covered by 42 CFR Part 2 (called a "Part 2 Program") through a general consent you gave that program for treatment, payment, and/or health care operations, we may use and share your record for those same purposes as explained in this Notice, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against you. We will never use or share your Part 2 Program record, or any testimony about what is in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceeding by any federal, state, or local authority against you, unless you give written permission or a court issues an order after notifying you.

## **Your Rights Regarding Your PHI**

You have the right to inspect and obtain a copy of your PHI, receive electronic copies, request amendments, receive an accounting of disclosures, request restrictions, request confidential communications, be notified of breaches, and obtain a paper copy of this Notice at any time. To exercise your rights described above, send your request in writing to our Privacy Officer at the address listed at the beginning of this Notice.

## **Changes to This Notice**

We reserve the right to change this Notice at any time. Any changes will apply to PHI we already have as well as PHI we receive in the future. The current Notice will be posted in our office and on our website.

## **Complaints**

If you believe your privacy rights have been violated, you may file a written complaint with us or with the Secretary of the U.S. Department of Health and Human Services. All complaints must be submitted within 180 days of when you knew of the suspected violation. There will be no retaliation for filing a complaint.