

# Privacy Practices Policy

**Practice Name:** Lincoln Surgical Group PC

**Effective Date:** 02/16/2026

**Last Updated:** 02/05/2026

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## 1. Purpose

This Privacy Practices Policy describes how Lincoln Surgical Group PC, a small private **general surgery practice**, protects the privacy and confidentiality of patients' **Protected Health Information (PHI)** in accordance with the **Health Insurance Portability and Accountability Act (HIPAA)** and applicable federal regulations.

## 2. Scope

This policy applies to:

- All surgeons, clinical staff, administrative staff, contractors, and volunteers
- All PHI created, received, maintained, or transmitted by the Practice
- PHI in all forms, including electronic, paper, and oral communications

## 3. Definitions

- **Protected Health Information (PHI):** Individually identifiable health information relating to a patient's medical condition, surgical care, treatment, or payment.
- **Covered Entity:** A health care provider subject to HIPAA.
- **Business Associate:** A third party that performs services involving PHI on behalf of the Practice.
- **Minimum Necessary:** Accessing only the PHI required to perform job duties.

## 4. Policy Statement

Lincoln Surgical Group PC is committed to maintaining the privacy and security of patient information. PHI will be used or disclosed only as permitted or required by federal law.

## 5. Permitted Uses and Disclosures of PHI

PHI may be used or disclosed without patient authorization for:

### 5.1 Treatment

- Pre-operative, operative, and post-operative care
- Coordination with referring physicians, hospitals, anesthesiologists, pathology, imaging, and other providers involved in the patient's surgical care

### 5.2 Payment

- Billing, claims submission, collections, eligibility verification, and prior authorizations

### 5.3 Health Care Operations

- Quality improvement, case review, credentialing, compliance activities, training, and practice management

### 5.4 Legal and Regulatory Requirements

- Disclosures required by federal law, court orders, subpoenas, or government investigations

## 6. Minimum Necessary Standard

Workforce members must limit access to PHI to the minimum necessary to perform their assigned responsibilities. This standard does not apply to disclosures for treatment.

## 7. Patient Rights

Patients have the right to:

- Inspect and obtain copies of their medical records
- Request amendments to their PHI
- Receive an accounting of certain disclosures
- Request restrictions on uses or disclosures
- Request confidential communications
- Receive a copy of the Practice's **Notice of Privacy Practices**

- File a privacy complaint without retaliation

Requests must be submitted in writing and will be handled within HIPAA-required timeframes.

## **8. Notice of Privacy Practices (NPP)**

- The Practice maintains a **Notice of Privacy Practices** that explains how PHI is used and disclosed.
- The NPP reflects current federal HIPAA requirements, including **updates effective February 16, 2026**.
- The NPP is:
  - Provided to patients at first service
  - Posted in the office and on the Practice website (if applicable)
  - Available upon request

## **9. Safeguards to Protect PHI**

### **9.1 Administrative Safeguards**

- Designation of a **Privacy Officer**
- HIPAA training for all workforce members upon hire and annually
- Written procedures for privacy incidents and complaints

### **9.2 Physical Safeguards**

- Secured paper medical records
- Restricted access to staff-only areas
- Secure disposal of PHI (shredding or approved destruction)

### **9.3 Technical Safeguards**

- Secure electronic health record (EHR) system
- Unique user IDs and passwords
- Role-based access controls
- Encryption of electronic PHI where applicable

## **10. Breach Reporting and Notification**

- Any suspected or confirmed breach of PHI must be reported immediately to the Privacy Officer.
- The Practice will investigate all incidents and provide notifications as required under federal HIPAA breach notification rules.

## **11. Business Associates**

- All Business Associates (e.g., billing companies, EHR vendors, transcription services) must sign a **Business Associate Agreement (BAA)**.
- Business Associates are required to protect PHI in compliance with HIPAA.

## **12. Workforce Training**

- All staff receive HIPAA privacy training upon hire and annually thereafter.
- Training includes patient rights, safeguarding PHI, and breach reporting procedures.

## **13. Enforcement and Sanctions**

Failure to comply with this policy may result in disciplinary action, up to and including termination, and may result in civil or criminal penalties under federal law.

## **14. Policy Review**

This policy is reviewed at least annually and updated as necessary to reflect changes in federal law or practice operations.

## **Privacy Officer Contact Information**

**Name:** Melissa Rosene CPC

**Title:** Practice Manager

**Phone:** 402-483-7825

**Email:** info@lincolnsurgicalgroup.com