

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

The privacy of your personal and medical information is very important to us. We are also required by federal and state law to maintain the privacy of your medical information/protected health information, to provide you with this notice of our legal duties and privacy practices with respect to your medical information, and to notify you if your medical information has been involved in a security breach of our system.

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

Disclosure and Use of Your Medical Information That Does Not Require Your Authorization

- A patient's medical information may be shared with doctors, nurses, technicians, and medical students, other facility personnel involved in their care, family members, friends and caregivers as required.
- A patient's medical information may be shared with third parties involved in the reimbursement of your care, such as insurance firms, billing firms, and patients' friends and family members involved in payment.
- A patient's medical information may be utilized for treatment, payment, and health care operations.
 - Treatment means providing, coordinating, or managing health care and related services by one or more health care providers.
 - Payment means activities such as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review.
 - Health care operations include the business aspects of running our surgery center ("Center"), such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service.
- A patient's medical information may be utilized as part of the government's oversight activities, including audits, investigations, licensures, and inspections required for compliance with government programs and laws.
- A patient's medical information may be utilized for scheduling procedures, reminding you of your appointments, treatment alternatives, health-related benefits or additional services, fundraising activities and research.
- A patient's medical information may be shared as required by law with regard to court or administrative orders, subpoenas, discovery quests, other lawful processes, or law enforcement requests, when requested by national security, intelligence, and other federal officials, and/or when the patient is an inmate or under the custody of law enforcement.
- A patient's medical information may be shared upon military command if the patient is serving in the military or is a veteran.
- A patient's medical information may be shared to prevent a serious threat to health and safety.
- A patient's medical information may be shared with a workers' compensation representative.
- A patient's medical information may be shared with local public health officials in the event of deaths, child abuse, neglect, domestic violence, problems with products, reactions to medications, product recalls, disease/infection exposure, and to prevent or control disease, injury or disability, or for other public health activities.
- There are some business, administrative or management services provided to our organization through contracts with third parties (business associates). When these services are contracted, we may disclose patients' medical information to our business associates so that they can perform the job we asked them to

do. To protect your medical information, however, business associates are required by the federal law and/or our contracts with them, to appropriately safeguard your information.

Disclosure and Use of Your Medical Information That Requires Your Authorization

- There is some information that we cannot automatically use or disclose. We must obtain your authorization to use or disclose the following:
 - Your psychotherapy notes, except we can use or disclose your psychotherapy notes without your authorization if we are carrying out specific treatment, payment, or health care operations permitted by the law;
 - Your medical information for marketing purposes, except we can disclose your medical information for marketing purposes if we are directly communicating with you, or if we provide a gift of nominal value to you; or
 - Your medical information for the purposes of selling the medical information.
- All other uses and disclosures of your medical information not described in this notice will be made only with your written authorization.
- For uses and disclosures that require your authorization, you may revoke an authorization you previously made if the revocation is in writing and we have not yet acted in reliance upon your authorization.

Your Right to Access, Amend, and Restrict Disclosure and Use of Your Medical Information

- Each patient has the right to copy and inspect their medical information.
- Each patient has the right to amend medical information contained in their medical information.
- Each patient has the right to receive an accounting of disclosures of their medical information.
- Each patient has the right to request additional restrictions on the disclosure of their medical information.
- Each patient has the right to request confidential communications regarding their medical information.
- Each patient has the right to receive a paper copy of this notice upon request.

Your Right to Submit a Complaint

- If you would like to submit a comment or complaint about our privacy practices, you can do so by contacting the Center and requesting a privacy practices complaint form or letter outlining your concerns to the Privacy Officer. You may also submit a formal complaint to the Secretary of the U.S. Department of Health and Human Services. If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the Center’s address below. You will not be penalized or otherwise retaliated against for filing a complaint. The Privacy Officer for the Center can be reached at:

Privacy Officer: _____

Address: _____

Phone Number: _____

*** We are required to abide by the terms of this notice currently in effect. This facility is responsible for reserving the right to make changes to this notice upon notification from HIPAA of changes to requirements and to post the effective date and posting location.*