



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IF CAREFULLY.

We are required by law to maintain the privacy of your Protected Health Information ("PHI"). PHI is personal information about you, including demographic information that we collect from you, that may be used to identify you and relates to your past, present or future physician or mental health or condition, including treatment and payment for the provision of healthcare

This Notice explains our legal duties and privacy practice with regard to your PHI. We are required by federal law to provide you with a copy of this Notice and to abide by the terms of this Notice. Accordingly, we will ask you to sign a statement acknowledging that we have provided you with a copy of the Notice.

We reserve the right to change the terms of this Notice at any time. The change may be retroactive and cover PHI that we received or created prior to the revision. If we do change the Notice, a copy of the new Notice will be posted in the waiting room. We will provide you with a copy of the revised Notice upon your request.

I. PATIENT RIGHTS

1. *The right to consider and sign an authorization for a non-authorized use.* The law only allows us to use or disclose your PHI in certain circumstances, as explained more fully below. If we need to make a use or disclosure that does not fall into one of those exceptions- including the disclosure of immunization records to schools or results of work physical to employers- we will ask you to sign an authorization. If we do not have a valid authorization on file specifically authorizing the proposed use or disclosure, then we will not make that use or disclosure. You may revoke an authorization at any time in writing, but the revocation will not apply to uses or disclosures we have already made in reliance on your original authorization.
2. *The right to access your PHI.* You have a right to access and receive a copy, summary or explanation of your PHI. If you want to exercise this right, please ask one of our employees for a request for medical records release. You will be asked to complete this form and sign it. This right does not extend to psychotherapy notes, information compiled in reasonable anticipation of legal action and confidential information relating to certain lab tests. *We have the right to deny you access*, but you will be notified of the reason for denial and be given the right to have the denial reviewed under certain circumstances.
3. *The right to request restrictions on certain uses and disclosures.* You may request restrictions of uses or disclosures of your PHI when it is used to carry out your treatment obtain payment for your treatment or perform healthcare operations of our surgery center. You must request the restriction before we have used or disclosed the relevant information. *We are not required to agree to the restriction, and we have the right to decide not to accept the restriction and not to treat you.*
4. *The right to receive confidential communications.* You may request that we make confidential communications to you by an alternative means or at an alternative location. The request must be in writing, but we will not ask for an explanation from you. We will accommodate reasonable requests, but we may condition the accommodation on information as to how payment, if any, will be handled and specification of an alternative address or other method of contact.

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5. *The right to amend PHI.* You have the right to ask us to amend your PHI. If you want to exercise this right, please document in writing this request. Please include a reason for the request, sign it and submit this request. *We have the right to deny your request for amendment*, if we determine that your record was not created by us, is not maintained by us, would not be available for access, or is accurate and complete. Your records will not be changed or deleted as a result of our granting your request, but the amendment will be attached to your record and its existence noted in your record as necessary.
6. *The right to receive an accounting.* You have the right to receive an accounting of our disclosures of your PHI. If you want to exercise this right, please request this in writing and submit it to us. The accounting does not have to list disclosures made (i) to carry out treatment, payment and healthcare operations; (ii) to you; (iii) pursuant to an authorization; (iv) for national security or intelligence purposes; or (v) to correctional institutions or law enforcement personnel.

II. USES AND DISCLOSURES

We intend to limit the disclosure of your PHI to that necessary for Treatment, Payment and Operations:

- *Treatment* refers to specific sharing and use of your PHI relating to your direct care by our employees and members of our medical staff, including consulting other professionals and the use of disease management programs. i.e. we will disclose your PHI to another healthcare professional or a testing facility to whom you have been referred for care or for assistance with treatment.
- *Payment* refers to specific sharing and use of your PHI for purposes of obtaining payment for our treatment of you, including billing and collection activities, related data processing and disclosure to consumer reporting agencies. i.e. your PHI will be disclosed on forms we submit to your insurance to receive payment.
- *Operations* refers to specific sharing and use of your PHI necessary for our administrative and technical operations, within the limitations imposed by professional ethics. Permissible activities would include, but are not limited to accounting or legal activities, quality assessment, employee review, student training and other business activities. i.e. we might need to disclose your PHI to a medical student as part of the educational process.

We will not permit the following disclosures without your written authorization, and your refusal to provide such authorization will not affect our duty to treat you:

- Marketing.
- To your employer, except where necessary for provision of care or payment purposes (for example, if your employer is self-insured).
- For research purposes, unless certain safeguards are taken.

We may make disclosures in certain situations as required by law, even without written authorization. These situations include, but are not limited to:

- If all identifying information is removed so your identity cannot be ascertained from the information disclosed, i.e. on a completely anonymous basis.
- When required by law, for example, public health reporting purposes or to a person who may be affected by a communicable disease.
- To your employer, if we are providing care to you at your employer's request to evaluate a work-related illness or injury, or medical surveillance of your workplace.
- Pursuant to a warrant or court order.

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- For health oversight purposes as authorized by law, i.e. an investigation of our surgery center for purposes unrelated to your treatment.
- To a public health authority as required by law, including those designated to receive notification of abuse or neglect.
- To the U.S. Food and Drug Administration, in the event of an adverse event.
- To law enforcement for certain purposes.
- Related to a judicial or administrative proceeding, including subpoenas.
- For national security and intelligence purposes, or to correctional institutions.
- For purposes of worker's compensation law (or a similar law).
- Regarding a decedent, including to a funeral director.
- For military or veteran's activities.

III. ORGANIZATIONAL POLICIES

To facilitate the smooth and efficient operation of our facility, we engage in certain practices and policies that you should understand. You can avoid any of the following practices by discussing your concerns with us and working out an alternative:

- We contact our patients by telephone (which may include leaving a message on an answering machine or voice mail).
- Our staff will conduct routine discussions at our front desk with patients.
- We may contact our patients by phone or mail to provide information about treatment alternatives or other health related benefits and services that may be of interest.
- We may use your name and address to send you a newsletter about our facility
- We may disclose your PHI to a member of your family or a close friend that relates directly to that person's involvement in your healthcare.

You should also be aware of the following policies regarding our uses and disclosures of your PHI. You cannot avoid these uses and disclosures, but you should discuss any questions or concerns you might have with us:

- We share PHI with third-party "business associates" that perform various functions for us (i.e. billing and transcription).
- We will disclose your PHI to your personal representative(s), if any, unless we determine in the exercise of our professional judgment that such disclosure should not be made.

IV. QUESTIONS AND COMPLAINTS

If you have any questions about this Notice, the matters discussed herein or anything else related to our privacy policy, please feel free to ask for an appointment or call 609-407-1113 to speak to our Administrator.

You may complain to our Administrator or the United States Secretary of Health and Human Services if you believe your privacy rights have been violated. To complain to the Secretary, your complaint must be in writing, name us, describe the acts or omissions believed to be in violation of your privacy rights and be filed within 180 days of when you knew or should have known that the act or omission occurred.

You can file a complaint with us by asking for a Patient Complaint Form. We will not retaliate against you for filing a complaint. If you want further information about the complaint process, please talk to our Administrator.