THE SURGICAL PAVILION

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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 IT CAREFULLY.

1. Introduction and Our Legal Obligations

To Our Patient: The physicians and staff of The Surgical Pavilion have always been committed to the absolute protection of your health information. The Health Insurance Portability and Accountability Act (HIPAA) requires that we maintain the privacy of your PHI and to provide you with this Notice of Privacy Practices. We are also required to notify you if there is a breach that may compromise the privacy or security of your unsecured PHI. We are required to follow the privacy practices described in this Notice while it is in effect. If we change our privacy practices, we will revise this Notice and make the new version available to you. We collect information from you and keep it in a designated record set that contains your health and billing information.

Protected Health Information (PHI) is any information about your health, treatment, or payment for your care that can be used to identify you. This includes your name, address, date of birth, Social Security number, diagnosis, treatment records, and billing information, whether recorded in paper, electronic, or verbal form.

2. How We May Use and Disclose Your Health Information

We use and disclose your PHI for a variety of purposes. The sections below explain each category and whether your authorization is required.

A. Uses and Disclosures That Do Not Require Your Authorization

Federal law permits us to use and share your PHI for the following purposes without obtaining your written authorization:

Treatment – We may use and share your PHI to provide, coordinate, and/or manage your medical treatment and related services. This includes sharing information among all members of your care team — your surgeon, anesthesiologist, nurses, referring physicians, specialists, and the receiving hospital in the event of a transfer.

Payment – We may use and disclose your PHI to obtain payment for the services we provide. This includes submitting claims to your private health insurance company, Medicare, or Medicaid; verifying your insurance eligibility; and coordinating benefits**.**

Healthcare Operations – We may use and disclose your PHI to conduct our business activities and improve the quality of care we deliver. These activities include, but are not limited to:

- Contacting your primary care physician to obtain necessary health information
- Sharing your PHI with third party Business Associates that perform various activities for the Center (medical transcription, anesthesia, pathology, and laboratory services)
- Facility management and administrative functions
- Quality improvement and patient safety reviews
- Staff training, education, and performance evaluation

Required by Law – We will disclose your PHI when required to do so by federal, state, or local law, including in response to court orders, judicial or administrative subpoenas, warrants, or government enforcement activities.

Public Health Activities – We may disclose your PHI to authorized public health authorities for activities such as:

- Communicable Diseases
  - Reporting communicable or infectious diseases to state health departments
  - Tracking and preventing the spread of disease
  - Notifying persons who may have been exposed to a communicable disease
- Reporting adverse events related to medications or medical devices to the U.S. Food and Drug Administration (FDA)

Abuse or Neglect Reporting – As required by law, we may disclose your PHI to appropriate government entities or agencies authorized by law to receive reports of suspected abuse/neglect.

Health Oversight Activities – We may disclose your PHI to health oversight agencies for activities authorized by law, including government audits, investigations, inspections, and licensure activities. These activities are necessary for the government to monitor the healthcare system and ensure compliance with applicable laws.

Criminal Activity/Threats to Health or Safety – We may use or disclose your PHI when necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and the disclosure is made to someone reasonably able to help prevent or lessen the threat. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Law Enforcement – We may disclose PHI so long as applicable requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes,

(3) pertaining to victims of a crime, (4) suspicion that death or injury has occurred as a result of criminal conduct, and (5) in the event that a crime occurs on property owned or operated by the Center.

Inmates – We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your health information while providing care to you.

Workers' Compensation – We may disclose your PHI to the extent authorized by, and to the extent necessary to comply with, applicable workers' compensation laws or similar programs that provide benefits for work-related injuries or illnesses.

Military Activities and National Security – If you are a member or veteran of the U.S. Armed Forces, we may disclose your PHI to (1) military command authorities as required or authorized by law, (2) determine your eligibility for benefits with the Department of Veterans Affairs, (3) to foreign military authority if you are a member of that foreign military service, and (4) to authorized federal officials for lawfully authorized intelligence, counterintelligence, and national security activities.

Organ and Tissue Donation – If you are an organ donor, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue to facilitate donation and transplantation.

Coroners and Funeral Directors – In the event of a medical emergency, we may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or as otherwise authorized or required by law. Your PHI may also be disclosed to a funeral director, as authorized by law, for the director to carry out their duties.

Research – We may use or disclose your PHI for research purposes, but only under strict conditions. Research use requires either your written authorization or approval from an Institutional Review Board (IRB) or a Privacy Board that has reviewed and approved the research protocol and established appropriate safeguards to protect your privacy.

Other Required Uses and Disclosures – Under the law, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section. 164.500 et.seq.

B. Uses and Disclosures That Require Your Authorization

For certain uses and disclosures of your PHI, we are required to obtain your written authorization before proceeding. These include:

- Marketing purposes – We will not use or disclose your PHI for marketing communications without your written authorization, unless the communication falls within a narrow exception permitted by law. Quality improvement and patient safety reviews
- Sale of your PHI – We will not sell your PHI without your written authorization.
- Any other purpose not described in this Notice: Any use or disclosure of your PHI not described above or otherwise permitted by law requires your prior written authorization.

⚠ Your Right to Revoke Authorization

You have the right to revoke any at any time by submitting a written revocation. However, your revocation will not apply to uses or disclosures we have already made in reliance on your prior authorization.

C. Uses and Disclosures That You Have an Opportunity to Object

Facility Schedule – Unless you object, we will place your name on our facility schedule for the day. This information will be disclosed to people who ask for you by name.

Others Involved in your Healthcare – Unless you object, we may discuss your PHI with a family member, friend, clergy member, or other person you have identified as being involved in your care. The information disclosed will only be related directly to this person's involvement in your care. If you are unable to agree or object at the time (for example, due to an emergency), we will use our professional judgment to determine whether disclosure is in your best interest. For example,

- We may notify your family of your admission to the Surgery Center.
- We may discuss your discharge plan with the individuals participating in your care.

Emergencies – We may use or disclose your protected health information in any emergency treatment situation.

Communication Barriers – We may use and disclose your protected health information if we are unable to obtain consent from you but feel in our professional judgment that you intend to consent.

Substance Use Disorder – In all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

3. Your Rights Regarding Your Health Information

You have the following rights with respect to your PHI. Unless noted otherwise, all requests must be submitted in writing.

Right to Access Your Records – You have the right to inspect and obtain a copy of your medical and billing records maintained in our designated record set, for as long as we maintain your protected health information. You may be charged a fee for the retrieval and copying of this information. Under federal and state law, however, you may be denied access to inspect or obtain a copy. Depending on the circumstances, the decision to deny access may be reviewable. If you have questions, please contact the Center at the number listed on the first page of this notice.

Right to Request Restrictions – You have the right to request restrictions on how we use or disclose your protected health information (PHI) for treatment, payment, or healthcare operations. While we are not generally required to agree to these requests, we must honor your request if you ask us not to disclose information to your health plan for a service or item that you have paid for in full out of pocket. You may also request that certain information not be shared with family members or friends involved in your care. Your request must clearly describe the specific restriction and identify to whom it applies.

Please note that the Surgery Center or physician is not required to agree to most restriction requests. If it is determined that allowing the use or disclosure of your PHI is in your best interest, the requested restriction may not be applied. We encourage you to discuss any requested restrictions with your physician.

Right to Request Confidential Communications – You may ask us to communicate with you through alternative means or at an alternative location — for example, to contact you only by mail at a specific address, or only at a particular phone number. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be made or specification of any alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please submit your request in writing so it can be included in your medical record.

Right to Request an Amendment – If you believe that information in your record is incorrect or incomplete, you may request that we amend it. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and will provide you with a copy. If you have questions, please contact the Center at the number listed on the first page of this notice.

Right to an Accounting of Disclosures – You have the right to request a written list of certain disclosures we have made of your PHI, if any. This accounting does not include disclosures made for treatment, payment, healthcare operations, or those made with your authorization. You have the right to receive specific information regarding non-routine disclosures that occurred after April 14, 2003. We must respond within sixty (60) days. You may request a shorter timeframe. You are entitled to receive one (1) free accounting each year. There will be a fee for any additional accounting requests during the year. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

Right to a Paper Copy of This Notice – You have the right to obtain a copy of this notice from us. Upon request, you may receive an additional paper or electronic copy of this notice from us.

Right to Notification of a Breach – You have the right to receive a notice following a breach of your unsecured PHI.

Right to File a Complaint – If you believe your privacy rights have been violated, you have the right to file a complaint with us or directly with the U.S. Department of Health and Human Services (HHS). You will not be penalized, retaliated against, or denied care for exercising this right.

4. Our Duties

As your healthcare provider, we are committed to fulfilling the following obligations under HIPAA and applicable law:

- We are required by law to maintain the privacy and security of your protected health information.
- We are required to follow the duties and privacy practices described in this notice and give you a copy of it.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

5. How to File a Complaint

A. File a Complaint with Us – If you believe your privacy rights have been violated, you may file a complaint with us by contacting our Privacy Officer at the number listed on the first page of this notice.

B. File a Complaint with the U.S. Department of Health and Human Services – You also have the right to file a complaint directly with the federal government. Complaints may be filed with the HHS Office for Civil Rights at:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201

Website: www.hhs.gov/ocr/privacy/hipaa/complaints
Phone: 1-877-696-6775 (toll-free)
TDD: 1-800-537-7697