

## Notice of Privacy Practices

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

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This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

“Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related healthcare services.

We understand that medical information about you and your health is personal. You have the right to be notified in the event of a breach in your personal health information. We are committed to protecting medical information about you. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, you can receive any revised Notice of Privacy Practices by contacting the facility where you were seen. Just request a revised copy be sent to you in the mail or ask for one at your next appointment.

### **1. How We May Use and Disclose Your Protected Health Information.**

Your healthcare provider will use or disclose your protected health information as described in Section 1. Your protected health information may be used and disclosed by your healthcare provider, our office staff and others outside of our facility that are involved in your care and treatment for the purpose of providing healthcare services to you. Your protected health information may also be used and disclosed to pay your healthcare bills and to support the operation of Pavilion Surgery Center. Following are examples of the type of uses and disclosures of your protected healthcare information that Pavilion Surgery Center is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our facility.

**Treatment:** We may use protected health information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other personnel who are involved in your care. Different departments of our facility also may share protected health information about you in order to coordinate your needs, such as prescriptions, lab work and x-rays. We also may disclose protected health information about you to individuals outside of Pavilion Surgery Center who may be involved in your medical care, such as family members or others we use to provide services who are not part of your care. When required, we will obtain your authorization before disclosing any of your information. Only the minimal amount of information will be revealed during any disclosures.

**Payment:** Your protected health information will be used, as needed, to obtain payment of your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of your healthcare provider and Pavilion Surgery Center. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fun-raising activities, and conducting or arranging for other business activities. You have the right to opt out of fun-raising activities. For example: Your health information may be disclosed to members of the

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medical staff, risk or quality improvement personnel and others to:

- Evaluate the performance of our staff
- Assess the quality of care and outcomes in your case and similar cases
- Learn how to improve our facilities and services
- Determine how to continually improve the quality and effectiveness of the health care we provide

In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician or therapist. We may also call you by name in the waiting room when your healthcare provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party “business associates” that may perform various activities (e.g. billing, transcription services) for Pavilion Surgery Center. Whenever an arrangement between our facility and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization, or Opportunity to Object:** You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your healthcare provider may, using

professional judgement, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your healthcare will be disclosed. We may use and disclose your protected health information in the following instances:

**Facility Directories:** Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your condition (in general terms) and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy will be told of your religious affiliation.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly related to that person’s involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object:** We may use or disclose your protected health information without your authorization in the following situations:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure

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will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your protected health information if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority who is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information to the governmental entity or agency authorized to receive such information if we believe that you have been a victim of abuse, neglect or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or

company required by the Food and Drug Administration to: report adverse events, product defects or problems, biologic product deviations track products; to enable product recalls; to make repairs or replacements or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may disclose protected health information so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and those otherwise required by law (2) limited information requests for identification and location purposes (3) pertaining to victims of a crime (4) suspicion that death has occurred as a result of criminal conduct (5) in the event that a crime occurs on the premises of Pavilion Surgery Center, and (6) medical emergency (not on Pavilion Surgery Center premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your protected health information to researchers when their research has

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been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective service to the president of others legally authorized.

**Workers' Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you, and 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., Privacy of Individually Identifiable Health Information.

### 2. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your healthcare provider and Pavilion Surgery Center use for making decisions about you.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You have the right to request restrictions of disclosures to health plans for payment or health care operations regarding services for which you have paid in full out of pocket. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction request and to whom you want the restriction to apply.

Your healthcare provider is not required to agree to restrictions you may request. If the healthcare provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your healthcare provider does agree to the requested restriction we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your healthcare provider.

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**You have the right to request to receive confidential communication from us by alternative means or at an alternative location.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. WE will not request an explanation from you as to the basis for the request. Please make this request in writing to our Medical Records Department

**You may have the right to have your healthcare provider amend your protected health information.** This means you may request an amendment of protected information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, 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 of any such rebuttal. Please contact our Medical Records Department if you determine you have a question about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You have the right to obtain a paper copy of this notice from us.** You have the right to a copy of this notice. You may ask us to give you a copy of this notice at any time. To request a copy of this notice, you must make your request in writing to the Privacy officer. You have the right to opt in before receiving notices electronically.

### 3. Complaints

You may file a complaint with us or with the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying Pavilion Surgery Center of your complaint. We will not retaliate against you for filing a complaint.