Advanced Surgery Center, LLC

**HIPAA Notice to Patients**

*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.***

 The general authorization for release of medical records that you sign authorizes your medical provider, Advanced Surgery Center, LLC to disclose the information in your medical records to the extent needed for the following purposes:

* For the purpose of providing treatment to you. This would include, for example, sharing information with employees and contractors that provide services for the provider, or with other health care providers who are treating you or consulting in your care.
* For the purpose of arranging payment for your care. This would include, for example, your insurer or other third-party payer who is responsible for paying all or part of the cost of your care.
* For the purpose of the provider’s health care operations. This would include such things as internal quality assessment activities, contacting other health care providers regarding treatment alternatives, evaluating provider performance, training providers of care, legal, and medical review of care provided, business planning and management, customer service, resolutions of internal grievances and the provision of legal and auditing services.
* For the purpose of other health care provider’s health care operations, to the extent that they have a treatment relationship with you.

A specific “Authorization for Release of Medical Records” form may be signed that authorizes providers to make a specific disclosure that is not covered under section A, listed above.   The specific authorization form will name the party to whom you are authorizing disclosure and will contain any limitations on the authority to disclose your records.

You may revoke any specific authorization by giving provider written notice of revocation. The provider may refuse to treat you if you revoke the authorization.

The provider may be required by law to make disclosures of your records that you have not authorized. Examples are subpoenas in criminal or civil litigation, or request/surveys by licensure agencies or the U.S. Department of Health and Human Services.

The provider may contact you to remind you of an appointment or provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

You have the following rights with respect to your medical records/information:

1. You have the right to request restrictions on the use and disclosure of your medical record; however, the provider is not required to agree to restrictions not guaranteed by law. You will be informed if the provider does not agree to requested restriction.
2. You have the right to receive confidential communications of your health information and to direct the place and manner of communication.
3. You have the right to seek to amend your medical records, and if the provider does not agree with your request, to note your objection in the medical record
4. You have the right to inspect a copy your medical records, (provider is entitled to charge a fee related to copying records).
5. You have a right to receive an accounting of disclosures of your medical records made by the provider.
6. You have a right to receive a paper copy of this notice.

The provider is required by law to maintain the privacy of protected health information, and to provide patients with this notice of its duties and practices, as well as changes to those practices. Patients will be provided with revised notices as appropriate.

If a patient believes that his or her privacy rights have been violated, the patient may complain to the provider or to the Secretary of the U.S. Department of Health and Human Services. To complain to the provider, please write or call us with details, provider will not in any way retaliate against a patient for making a complaint.

<https://www.hhs.gov/>

The U.S. Department of Health & Human Services
[Hubert H. Humphrey Building](https://www.hhs.gov/about/hhs-headquarters/index.html)

200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free Call Center: 1-877-696-6775

The provider reserves the right to change its privacy practices and to make its new policies effective for all protected health information that provider maintains. If such changes are made, the provider will issue an updated notice to all patients.

Patient Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_