

## **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 carefully)**

West Coast Surgery Inc (West Coast Surgery Inc, “we” or “our”) provides health care benefits to you through the Medicare program. West Coast Surgery Inc, uses and shares protected health information about you to provide your health benefits. We use and share your information to carry out treatment, payment and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private and to follow the terms of this notice. The effective date of this notice is January 1, 2015.

PHI stands for these words, protected health information. PHI means health information that includes your name, patient number or other identifiers, and is used or shared by West Coast Surgery Inc.

### **WHY DOES WEST COAST SURGERY INC USE OR SHARE YOUR PHI?**

We use or share your PHI to provide you with health care benefits. Your PHI is used or shared for treatment, payment, and health care operations.

#### **FOR TREATMENT:**

West Coast Surgery Inc. may use or share your PHI to give you, or arrange for your medical care. This treatment also includes referrals between your doctors or other health care providers. For example, we may share information about your health condition with a specialist. This helps the specialist talk about your treatment with your doctor.

#### **FOR PAYMENT:**

West Coast Surgery Inc. may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical need. Your name, your condition, your treatment, and supplies given may be written on the bill. For example, we may let a doctor know that you have our benefits. We would also tell the doctor the amount of the bill that we would pay.

#### **FOR HEALTH CARE OPERATIONS:**

West Coast Surgery Inc. may use or share PHI about you to run our health plan. For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve patient’s concerns. Your PHI may also be used to see that claims are paid right. Health care operations involve many daily business needs. It

includes but is not limited to, the following:

- Improving quality
- Actions in health programs to help patients with certain conditions
- Conducting or arranging for medical review
- Legal services, including fraud and abuse detection and prosecution programs
- Actions to help us obey laws
- Address patient's needs, including solving complaints and grievances.

We will share your PHI with other companies (business associates) that perform different kinds of activities for our health plan. We may also use your PHI to give you reminders about your appointments. We may use your PHI to give you information about other treatment, or other health-related benefits and services.

### **WHEN CAN WEST COAST SURGERY INC USE OR SHARE YOUR PHI WITHOUT GETTING WRITTEN AUTHORIZATION (APPROVAL) FROM YOU?**

The law allows or requires West Coast Surgery Inc. to use and share your PHI for several other purposes including the following;

#### **REQUIRED BY LAW:**

We will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (DHHS). This may be for a court case, other legal review, or when required for law enforcement purposes.

#### **PUBLIC HEALTH:**

Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

#### **HEALTH CARE OVERSIGHT:**

Your PHI may be used or shared with a court, investigator or lawyer if it is about the operation of Medicare. This may involve fraud or actions to recover money from others, when the Medicare program has provided your health care benefits.

### **WHEN DOES WEST COAST SURGERY INC. NEED YOUR WRITTEN AUTHORIZATION (APPROVAL) TO USE OR SHARE YOUR PHI?**

West Coast Surgery Inc needs your written approval to use or share your PHI for purpose other than those listed in this Notice.

West Coast Surgery Inc needs your authorization before we disclose your PHI for the following:

- Most uses and disclosures of psychotherapy notes:
- Uses and disclosures for marketing purposes; and

- Uses and disclosures that involve the sale of PHI. You may cancel a written approval that you have given us. Your cancellation will not apply to actions already taken by us because of the approval you already given.

## **WHAT ARE YOUR HEALTH INFORMATION RIGHTS?**

### **You have the right to:**

- Request restrictions on PHI uses or disclosures (share of your PHI). You may ask us not to share you PHI to carry out treatment, payment or health care operations. You may also ask us not to share your PHI with family, friends or other persons your name who are involved in your health care. However, we are not required to agree to your request. You will need to make your request in writing. You may use West Coast Surgery Inc form to make your request.
- Request confidential communication of PHI  
You may ask West Coast Surgery Inc. to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable requests, if you tell us how sharing all or a part of that PHI could put your life at risk. You will need to make your request in writing. You may use West Coast Surgery Inc. form to make your request.

You may make any of the request listed above, or may get a paper copy of this Notice. Please call our facility at 760-834-8001

### **HOW DO I COMPLAIN:**

If you believe that we have not protected your privacy and wish to complain, you may file a complaint (or grievance) by calling 1-760-834-8001 or writing us at:

West Coast Surgery Inc.  
Attn: Administrator  
36915 Cook Street  
Suite 103B  
Palm Desert CA 92211

## HIPAA REGULATION

Health Insurance Portability and Accountability act of 1996  
HIPPA

Under Federal Law, the HIPAA privacy rule takes effect on April 14, 2003. This law requires us to protect your medical record and personal information from inappropriate use and disclosure. In order to comply with this rule, we have prepared a Notice of Privacy Practices for our patients, outlining our specific policy. All patients are required by law to receive a copy of our policy and sign an acknowledge of receipt.

Listed below are policy guidelines to safeguard your medical record. They will be enforced by our office staff, without exceptions. That is the law. We ask for your patience and cooperation. We do express our apologies for any inconvenience this may cause you.

- Your medical record will be under lock, after office hours.
- Every effort will be made to protect your personal information from other patients in our practice.
- No radiology of laboratory results will be given over the phone unless we can verify your identity.
- We will not be able to disclose your results to any other family member, unless we have on record your signed consent.
- None of the results will be faxed to you or your physician unless we have your signed consent on record.
- You will need to provide to us in writing any unique or specific requests you may have regarding the transmission or disclosure of your information.
- We will verify your signature whenever we receive a letter from an insurance company, a court subpoena, or an attorney requesting your records.
- All billing information submitted electronically is encrypted.

We do appreciate your assistance in helping our staff protect your medical record. Please report any concerns or policy infractions whenever possible. Thank you.  
**West Coast Surgery Inc.**

# **PATIENT RIGHTS**

## **POLICY:**

All persons shall be informed of their rights as a patient.

## **OBJECTIVE:**

To assure considerate and appropriate care with the patient's complete understanding.

## **PROCEDURE:**

- A copy of the patient's rights are posted in the patient waiting & changing area.
- A Patient Satisfaction Survey Form will be given to each patient, to encourage the patient to voice his or her opinions. Patient survey feedback will be used to analyze patient perception of the facility and improve facility as much as possible.
- All staff members shall be oriented to promote and understand patient rights and survey.

## **LIST OF PATIENT RIGHTS**

**IN ACCORDANCE WITH HEALTH AND SAFETY CODES, WEST COAST SURGERY INC HAS ADOPTED THE FOLLOWING PATIENTS RIGHTS:**

- Exercise these rights without discriminating sex, source of payment for care, or cultural, economic, educational, or religious background.
- Receive considerate, respectful care.
- Receive information about his/her illness, course of treatment, written pain management plan, and prospects for recovery in terms that he/she can understand.
- Receive as much information about any proposed treatment or procedure as he/she needs in order to give informed consent to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure, the medically significant risks involved in this treatment, and alternate course(s) of treatment or non-treatment and the risks involved in each.
- Participate actively in decisions regarding his/her medical care. This includes the right to refuse treatment. Also, patients are informed of their right to change primary or specialty physicians if other qualified physicians are available.

- Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discretely. The patient has the right to be advised as to the reason for the presence of any individual in the operating room.
- Confidential treatment of all communication and records pertaining to his/her care in the Surgery Center. Written permission shall be obtained before his/her medical record can be made available to anyone not directly concerned with his/her care.
- Reasonable response to any reasonable request he/she may make for service
- Leave West Coast Surgery Center even against the advice of his/her physician
- Reasonable continuity of care, knowing in advance the time and location of appointments.
- Be advised if the Surgery Center or personal physician proposes to engage in or perform human experimentation. The patient has the right to refuse to participate in any such research projects.
- Be informed by his/her physician or any staff member from Surgery Center of his/her continuing health care requirements following discharge from the Surgery Center.
- Examine and receive an explanation of his/her bill regardless of source or payment
- Know which Surgery Center rules and policies apply to his/her conduct as a patient.
- Have all patient rights apply to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.

## PATIENTS RESPONSIBILITIES

- Participate in, and follow agreed-upon plan of care.
- Fully participate in decisions involving their own health care.
- Cooperate with physicians and ask questions if they do not understand instructions or information.
- Provide physician with a complete and accurate history about the illnesses, hospitalization, medication and other matters related to your health.
- Notify facility (ASC) if there is any problem or dissatisfaction with care or services.
- Treat personnel with respect, consideration, and dignity.
- Give timely notice when canceling an appointment.
- A responsible adult to transport to and from the facility (if required by the physician.)
- A responsible adult to stay with the patient after the procedure for 24 hours, if required by the physician.

If you have any questions or concerns about your responsibilities, you may contact our administrator.

## ASC GRIEVANCE PROCESS

Our Grievance Process and Procedure is based on steps. Our Medical Director and staff are very open to communication. If there are any difficulties or issues that you feel need to be addressed, please feel free to discuss your concerns with any staff member. Additionally, be aware that:

### STEP ONE:

You will receive a Patient Questionnaire. Every questionnaire that is returned is examined for any negative comments. Every negative questionnaire generates an incident report, and is followed up in the quarterly Quality Assurance Meeting. Any actions that were taken or needs to be taken are discussed at the meeting. We appreciate any feedback you may provide.

### STEP TWO:

The negative questionnaire is given to the office manager or the medical director within two days.

### **STEP THREE**

If the Grievance is felt that it can be resolved with a meeting with the patient, or by giving our patient more information or explanation then the medical director or office manager will call the patient.

### **STEP FOUR:**

If the Grievance cannot be resolved in this manner then the matter is referred to the Executive Committee for resolution.

### **STEP FIVE:**

During our Quality Assurance Meeting we determine what needed to be done in order to assure that future grievances do not occur. The variable becomes part of Quality Assurance Indicator Study for further examination.

### **STEP SIX:**

It is recognized that information on grievances can come from other sources as well . Our staff is trained and in-serviced on how to notice and respond to patients with potential grievance.

### **OUR PATIENTS HAVE THE RIGHT TO:**

1. Voice grievances regarding treatment or care that is to be furnished.
2. The patient has the right to be fully informed about the treatment or procedure and the expected outcome before it is performed
3. Be free from any act of discrimination or reprisal
4. To be free from all forms of abuse or harassments
5. Receive a report from the surgery center regarding grievance within 2 weeks
6. Receive a written result within 2 weeks from the Medical Director after steps taken to investigate the grievance.

### **ADVANCED DIRECTIVE**

#### **Policy:**

It is the policy of the surgery center to follow the policy of our accrediting agency policies regarding Advanced Directives. Every new patient is asked whether he/she has an advance directive and our refusal to honor advanced directives is stated in the surgical consent.

- **WEST COAST SURGERY INC. DOES NOT HONOR DNR DIRECTIVES.**

- **ALL MEDICAL RECORDS ARE SUBJECT TO OUTSIDE PEER REVIEW FOR QUALITY ASSURANCE.**

### **ASSIGNMENT OF INSURANCE BENEFITS**

#### **POLICY:**

The policy of the Surgery Center is to ensure that the patients responsibility in terms of insurance benefits is known to the patient. Any deductible amount which includes deductible amount, co-insurance, co-pay, or any other balance if is not paid by the insurance is paid by the patient.

#### **PROCEDURE:**

The patient will be given Assignment of Insurance Benefits form to be signed prior to surgery and will remain in the patient's chart.

#### **POLICY:**

It is the responsibility of the patient to forward any checks received from his/her insurance against services provided by West Coast Surgery Inc. In case the patient receives any check, it should be signed over and never to be deposited into patients bank.

#### **PROCEDURE:**

An Undertaking form to the effect will be signed by the patient prior to surgery and will remain in the patient's chart.

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## HIPAA REGULATION

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### HIPPA

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- You will need to provide to us in writing any unique or specific requests you may have regarding the transmission or disclosure of your information.
- We will verify your signature whenever we receive a letter from an insurance company, a court subpoena, or an attorney requesting your records.
- All billing information submitted electronically is encrypted.

We do appreciate your assistance in helping our staff protect your medical record. Please report any concerns or policy infractions whenever possible. Thank you.

**West Coast Surgery Inc.**