

# NOTICE OF PRIVACY PRACTICES

**THE CENTER** is committed to protecting the confidentiality of information about you, and is required to do so. This notice describes how we may use information about you within the Center and how we may disclose it to others outside the Center. This notice also describes the rights you have concerning your own health information. Please review it carefully and let us know if you have questions.

## **Protected Health Information:**

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

## **How We May Use Your Protected Health Information**

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

## **Treatment**

The Center may use information about you to provide you with medical services and supplies. We may also disclose information about you to others that need that information to treat you, such as doctors, physician assistants, nurses, technicians and other involved in your care. We may also use and share your health information for purposes of treatment, payment and health care operations.

## **Payment**

The Center may use and disclose information about you to get paid for anesthesia services and supplies we provide to you. For example, your health plan or health insurance company may request to see parts of your medical record before they will pay us for your treatment/procedure.

## **Health Care Operations**

The Center may use and disclose information about you if it is necessary to improve the quality of care we provide to patients or to run the health care operations. We may use the information about you to conduct quality improvement activities, to obtain audit, accounting or legal services. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

## **To Business Associates**

We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

## **Required by law**

We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

**Pursuant to your Authorization**

When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use of disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

**Public Health Risks**

We may disclose information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report child abuse or neglect; report reactions to medications or problems with products; notify people of recall of products they may be using; a person may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities**

We may disclose information to health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Coroners, Medical Examiners and Funeral Directors**

We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release information to funeral directors as necessary for their duties.

**Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell about the request or to obtain an order protecting the information requested.

**Law Enforcement**

We may release information if asked by a law enforcement official if the information is (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Other uses and disclosures**

We will honor your requests to disclose medical information to others.

## YOUR RIGHTS

### **Right to Request Information**

You have the right to look at the information about you and to get a copy of that information. This includes your medical record, your billing record, and other records we use to make decisions about your care. To request information about you, submit a written authorization to our medical records department. There may be a fee to you for the copying of your records. The law requires us to keep the original record.

### **Right to Amend**

If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

### **Right to obtain a list of certain disclosures**

You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

### **Right to Request Restrictions**

You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

### **Right to be notified of a breach**

You have the right to be notified in the event of breach of your information.

### **Out-of-Pocket-payments**

If you paid out-of-pocket (or in other words, you have requested that we not bill your insurance) in full for a specific item or service, you have the right to ask that your information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

### **Right to Request Confidential Communications**

You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

### **Right to Receive a Paper Copy of this Notice**

If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

### **Our Legal Responsibilities**

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

### **Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit

[www.hhs.gov/ocr](http://www.hhs.gov/ocr) for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.