



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.**

Effective Date: 05/15/2019

When it comes to your health information, you have certain rights.

Your rights and some of our responsibilities:

- Get an electronic or paper copy of your medical record.
- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can ask us to correct your medical record.
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- Request confidential communications.
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.
- Ask us to limit what we use or share.
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information, for the purpose of payment, with your health insurer. We will honor your request unless a law requires us to share that information.



- Get a list of those with whom we've shared information.
- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- Choose someone to act for you.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.
- File a complaint if you feel your rights are violated.
- You can complain, if you feel we have violated your rights, by contacting us.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or procuring www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

- For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described on the next page, talk to us. Tell us what you want us to do, and we will follow your instructions.

- In these cases, you have both the right and choice to tell us to:
 1. Share information with your family, close friends, or others involved in your care.
 2. Share information in a disaster relief situation.
 3. Include your information in a hospital directory.
 4. If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information, if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information.
- Sharing of treatment notes in the case of fundraising:
 1. We may contact you for fundraising efforts. However, you may elect to opt-out from future contact.
 2. We can use and share your health information to improve our practice, improve your care, and contact you when necessary. *Example: We use your health information to manage your treatment and services.*

Bill for your services:

- We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

- We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions required by law before we can share your information for these purposes.



- For more information, see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html
- Help with public health and safety issues.
- We can share health information about you for certain situations such as:
 1. Preventing disease.
 2. Helping with product recalls.
 3. Reporting adverse reactions to medications.
 4. Reporting suspected abuse, neglect, or domestic violence.
 5. Preventing or reducing a serious threat to anyone's health or safety.
- We can use or share your information for health research.
- Comply with the law.
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- Respond to organ and tissue donation requests.
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- We can use or share health information about you:
 1. For workers' compensation claims.
 2. For law enforcement purposes or with a law enforcement official.
 3. With health oversight agencies for activities authorized by law.
 4. For special government functions such as military, national security, and presidential protective services.
- Respond to lawsuits and legal actions.
- We can share health information about you in response to a court or



administrative order, or in response to a subpoena.

- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

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 website.

WHO WILL FOLLOW THIS NOTICE?

This notice describes the practices of:

Outpatient Surgery Center and its affiliates Lakewood ASC and Lakewood CCL.

- Any health care professional authorized to enter information into your medical record maintained by Outpatient Surgery Center.
- Any persons or companies with whom Outpatient Surgery Center does business, i.e., "Business Associates."
- All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes and other purposes described in this notice.