

## PRIVACY NOTICE

### **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.**

This Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes permitted or required by law. This Notice also describes your rights, in certain cases, to access and control your protected health information. Your "protected health information" means any written and oral health information about you, including demographic data, which can be used to identify you. This is health information created or received by the Center, and that relates to your past, present or future physical or mental health or condition.

#### **I. Uses and Disclosures of Protected Health Information**

The Ambulatory Surgery Center at St. Mary ("the Center") may use your protected health information (PHI) for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the Center has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA privacy regulations or by state law. Disclosures of your PHI for the purposes described in this Privacy Notice may be made in writing, orally or by facsimile.

##### **A. Treatment**

We will use and disclose your protected health information to provide, coordinate and/or manage your health care and any related services. This includes coordination or management of your health care with a third party for treatment purposes. For example, and without limitation, we may disclose your PHI to members and representatives of the provider of professional anesthesia services at the Center for purposes of planning and providing anesthesia services to you. Similarly, we may disclose your protected health information to other practitioners who may be treating you or consulting with the Center regarding your care. We may disclose your PHI to a pharmacy to fill a prescription for you or to a laboratory to order a blood test or pathology exam of tissue removed during surgery (when relevant). If you require admission to a hospital following surgery, we may disclose your PHI to the ambulance/transport service provider and/or to the hospital to which you are transported. In certain instances, we may also disclose your PHI to an outside treatment provider for the treatment activities of the outside provider.

##### **B. Payment**

Your protected health information will be used, as needed, to obtain payment for the services we provide. This may include certain communications with your insurance company to obtain approval for the scheduled procedure(s). For example, we may need to disclose your PHI to your insurance company to obtain prior approval for the procedure(s). We may also disclose PHI to your insurance company to determine whether you are eligible for benefits, whether a particular service is covered under your coverage, or to learn of the parameters of your coverage (e.g. co-payment and deductible). In order to receive payment for the services we provide to you, we may also need to disclose your PHI to your insurance company to demonstrate medical necessity of the services, or as required by your insurance company, for utilization review and similar activities. We may also disclose your PHI to another provider involved in your care for the other provider's payment activities. This may include disclosure of demographic information to the professional anesthesia provider, a laboratory and others for payment of their services.

##### **C. Operations**

We may use or disclose your protected health information, as necessary, for our own health care operations to facilitate the Center's functions and to provide quality care to all patients. Health care operations include, without limitation, activities such as quality assessment, employee review, training programs (for students, trainees or certain practitioners), accreditation, licensure, certification, credentialing, internal reviews and audits, business management, financial reviews and audits, general administrative functions and compliance with certain reporting requirements (of governmental and other entities). We may disclose your PHI to certain vendors of supplies and devices to comply with reporting, registration or other similar requirements. In certain situations, we may also disclose protected health information to another provider or health plan for their health care operations.

##### **D. Other Uses and Disclosures**

As part of treatment, payment and health care operations, we may also use or disclose your protected health information for the following purposes: to remind you of your date of surgery, to inform you of the time to arrive at the Center, to inform you of certain preparations for your procedure(s) (e.g. what you may eat and when, medications to be taken, suggested clothing to wear, expected duration of stay at the Center, etc.), to inform you of health related benefits or services that may be of interest to you, to inquire about your condition after your procedure(s) and to inquire about your satisfaction with our services. We may also provide certain information about the status of your procedure(s) and your condition to the individual(s) who accompanies you to the Center or will be taking you home from our facility. In addition, we may leave a message on a home answering machine regarding certain of the matters noted above (e.g. preparations for your procedure). Furthermore, we may speak with an individual who answers the phone at your home regarding one or more of the matters noted above. For example, if you are not available, we may speak with an individual at your home regarding your condition after your procedure(s). If you do not wish for us to speak with anyone but you directly about any one or more of these matters, please contact our Privacy Officer. Also Note that the Center's preoperative and postoperative areas do not provide absolute patient privacy. Nevertheless, we will extend our best efforts to minimize the

likelihood of revealing your PHI to other patients and individuals in these areas. For example, we will speak to you in the lowest reasonable voice, we will draw curtain around the area you are occupying when this does not compromise clinical care and we will make reasonable efforts to restrict access to your medical record. If you do not wish to be cared for in these areas, contact the Privacy Officer to explore alternative arrangements for your care.

## **II. Uses and Disclosures Beyond Treatment, Payment and Health Care Operations Permitted Without Authorization or Opportunity to Object**

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons, including the following:

### **A. When Legally Required**

We will disclose your protected health information when we are required to do so by any federal, state, or local law. Such instances may include, without limitation, requests by you to review your own health information and requests by the Pennsylvania Department of Health.

### **B. When There Are Risks to Public Health**

We may disclose your PHI for the following public activities and purposes:

- To prevent, control or report disease, injury or disability as permitted or required by law.
- To report vital events such as births or deaths as permitted or required by law.
- To conduct public health surveillance, investigations and interventions as permitted or required by law.
- To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA, and to conduct post marketing surveillance.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease, as authorized by law.
- To report to an employer information about an individual who is a member of the workforce, as legally permitted or required.

### **C. To Report Suspected Abuse, Neglect or Domestic Violence**

We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

### **D. To Conduct Health Oversight Activities**

We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings or actions; inspection; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized or required by law. We will not disclose your health information under this authority if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

### **E. In Connection with Judicial and Administrative Proceedings**

We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. In certain circumstances, we may disclose your protected health information in response to a subpoena, to the extent authorized by state law, if we receive satisfactory assurances that you have been notified of the request or that an effort was made to secure a protective order.

### **F. For Law Enforcement Purposes**

We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries.
- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if the Center has a suspicion that your health condition was the result of criminal conduct.
- In an emergency to report a crime.

### **G. To Coroners, Funeral Directors, and for Organ Donation**

We may disclose PHI to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law.

### **H. For Research Purposes**

We may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.

### **I. In the Event of a Serious Threat to Health and Safety**

We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

## **J. For Specified Government Functions**

In certain circumstances, federal regulations authorize the Center to use or disclose your protected health information to facilitate specified government functions relating to military and veterans' activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

## **K. For Workers' Compensation**

The Center may release your health information to comply with workers' compensation laws or similar programs. For example, we may release your PHI to your employer if your employer requests such information and if you were cared for at the Center for a work-related injury.

## **III. Uses and Disclosures Permitted Without Authorization but with the Opportunity to Object**

We may disclose your PHI to your family member, close personal friend or other person accompanying you to the Center if the information is directly relevant to the person's involvement in your care, your recovery or payment related to your care. We may also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures or if we can infer from the circumstances that you do not object, or we determine, in the exercise of our professional judgment, that it is in your best interest for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your PHI as described. For example and without limitation, if you are not fully attentive, we may discuss your post-procedure instructions with the family member or person taking you home from the Center. Similarly, if you require transport to a local hospital, we may notify the person accompanying you to the Center of this fact and the reasons for the hospital care. Notify the Privacy Officer if you wish to object to any of these types of disclosures.

## **IV. Uses and Disclosures You Authorize**

Other than as stated above, we will not disclose your PHI without your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

## **V. Your Rights**

You have the following rights with regard to your health information:

### **A. The Right to Inspect and Copy Your PHI**

You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your provider and the Center use for making decisions about you. Under federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to a law that prohibits access to PHI. Depending on the circumstances, you may have the right to have a decision to deny access reviewed.

We may deny your request to inspect or copy your PHI if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety, or that of another person, or that it is likely to cause substantial harm to another person referenced in the information. You have the right to request a review of this decision.

To inspect and/or copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last page of this Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other expenses incurred by us in complying with your request. Please contact the Center's Privacy Officer if you have any questions about access to your medical record.

### **B. The Right to Request a Restriction on Uses and Disclosures of Your PHI**

You may ask us not to use or disclose certain parts of your PHI for the purposes of treatment, payment of health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Privacy Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

The facility is NOT required to agree to a restriction you may request. We will notify you if we deny your request to a restriction. If the Center does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency care. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.

### **C. The Right to Request to Receive Confidential Communications From Us by Alternative Means or at an Alternative Location**

You have the right to request that we communicate with you in certain ways. We will accommodate REASONABLE requests. We may 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 require you to provide an explanation for your request. Requests must be made in writing to the Center's Privacy Officer.

### **D. The Right to Request Amendments to Your Protected Health Information**

You may request an amendment of PHI 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; we will provide you with a copy of any such rebuttal. Requests for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendment.

**E. The Right to Receive an Accounting**

You have the right to request an accounting of certain disclosures of your protected health information made by the Center. This right applies to disclosures for purposes OTHER THAN treatment, payment or health care operations as described elsewhere in this Notice. We are also not required to account for disclosures you requested, disclosures you agreed to by signing an authorization form, disclosures to family members and others involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that took place prior to **May 16, 2011**. Accounting requests may not be made for periods of time in excess of six (6) years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**F. The Right to Obtain a Paper Copy of This Notice**

Upon request, we will provide a separate paper copy of this Notice even if you have already received a copy of the Notice or have agreed to accept this notice electronically.

**VI. Our Duties**

The Center is required by law to maintain the privacy of your health information and to provide you with this Privacy Notice of our duties and privacy practices. We are required to abide by the terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all future PHI we maintain. If the Center changes the Notice, we will provide a copy of the revised Notice by sending a copy of the revised Notice via regular mail or through in-person contact.

**VII. Complaints**

You have the right to express complaints to the facility and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the Center by contacting the Center's Privacy Officer verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

**VIII. Contact Persons**

At any time, the Center may have one or two individuals who serve as our Privacy Officer(s.) These/this individual(s) serve as the contacts for all issues regarding patient privacy and your rights under the federal privacy standards. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer(s). If you feel that your privacy rights have been violated by the Center, you may submit a complaint to our Privacy Officer(s) by sending it to:

The Ambulatory Surgery Center at St. Mary  
1203 Langhorne-Newtown Rd.  
Suite M10  
Langhorne, PA 19047

ATTN: Privacy Officer

The Privacy Officer(s) may be contacted at (215) 809-2610

This Notice is effective May 16, 2011