

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** relating to military and veterans activities, national security and intelligence activities, protective services, medical suitability determinations, correctional institutions, and law enforcement situations.
- K. For Worker's Compensation** to comply with worker's compensation laws or similar programs.

PATIENT RIGHTS

Uses and Disclosures Permitted without Authorization but with Opportunity to Object

We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your surgery or payment related to your surgery. We can also disclose your information in connection with trying to locate or notify family members or others involved with your care concerning your location and condition. You may object to these disclosures. If you do not object to these disclosures or 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 interests for us to make disclosure of information that is directly relevant to that person's involvement with your care, we may disclose your protected health information.

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action based upon the authorization. At the end of this Privacy Notice is information about how to contact the Privacy Officer to request information, copies, express concerns, complain, or authorize additional uses and disclosure of your health information.

YOU HAVE THE RIGHT TO:

- 1. See and copy your medical records** and other records used to make treatment and payment decisions about you. There are some limitations, based upon the federal law. You must submit a written request. We may charge you a fee for copying, mailing or incurring other costs in complying with your request. We may deny your request to see or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger life or safety of you or another person. Depending upon circumstances, you may have the right to request a review of this decision.
- 2. Request a restriction on uses and disclosures of your protected health information.** You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or 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. Your request must state the specific restriction requested and to whom you want the restriction to apply. If you request that the Surgery Center not disclose your protected health information to your health plan for purposes of payment or healthcare operations (but not treatment) and if you are paying the full amount from your own money for your treatment, the Surgery Center must honor your requested restriction. Otherwise, the facility is not required to agree to a restriction and we will notify you if we deny your request. If the facility does agree to the requested restriction, we will abide by this agreement unless use or disclose of the information becomes essential to provide emergency treatment. You may request a restriction by contacting the Privacy Officer.
- 3. The right to request to receive confidential communications by alternative means or at an alternative location.** You have the right to request that we communicate with you in certain ways. We will not require you to provide an explanation for your request. 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.
- 4. The right to request we amend your protected health information.** A request for an amendment must be in writing and it must explain why the information should be amended. Under certain circumstances, we may deny your request.
- 5. The right to receive an accounting of disclosures.** You have the right to request an accounting of certain disclosures for purposes other than treatment, payment or health care operations. We are not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures to friends or family members 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 and specify a time period. We are not required to provide an accounting for disclosures that occurred prior to April 14, 2003 or for periods of time in excess of six years. The first accounting you request during any 12-month period will be without charge. Additional accounting requests may be subject to a reasonable fee. After January 1, 2014 (or a later date as permitted by HIPAA), the list of disclosures will include disclosures made for treatment, payment, or health care operations using an electronic health record, if we have one for you.
- 6. The right to obtain a paper copy of this notice at any time.**
- 7. The right to be informed in writing of a breach** where your unsecured protected health information has been accessed, acquired, used or disclosed to an unauthorized person or entity.

OUR DUTIES

The Surgery 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 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 protected health information that we maintain. If the Surgery Center changes its Notice, we will provide a copy of the revised Notice at your next visit. In the event there has been a breach of your unsecured protected health information, we will notify you.

COMPLAINTS

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

CONTACT PERSON

TO MAKE REQUESTS, TO LEARN MORE, TO FILE A COMPLAINT, OR TO EXPRESS CONCERNS, PLEASE CONTACT THE PRIVACY OFFICER. YOU MAY MAKE CONTACT IN PERSON, BY PHONE, OR IN WRITING. CALL TO ASK FOR THE PRIVACY OFFICER OR SEND MAIL ADDRESSED TO THE PRIVACY OFFICER AT THE SURGERY CENTER.