

CROSSTOWN SURGERY CENTER

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information.

As required by “HIPAA”, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would be sharing your medical information with another physician for consultation or referral.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health Care Operations** includes the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may disclose your medical information to people who will be taking care of you or helping to pay your medical bills, such as family member or close friends. CSC will only disclose medical information that these people need to know. We may also use your medical information to let family members or other responsible people know where you are and what your general medical condition is. If you are able to make your own health care decisions, CSC will ask your permission before using your medical information for these purposes. If you are unable to make health care decisions, CSC will disclose relevant medical information to family members or other responsible people if we feel it is in your best interest to do so.

In an emergency situation, CSC may disclose your medical information to government or other groups that assist in emergencies or disasters.

We may also disclose or use your information without your consent in the following cases: when required by law; for public health activities; relating to victims of abuse/neglect/domestic violence, if required by law/or if you agree; for health oversight activities; for judicial or administrative proceedings to the extent permitted by law; for law enforcement purposes, as permitted or required by law; to coroners/medical examiners/funeral directors, as permitted by law; for organ donation purposes; for

research purposes under certain circumstances; to avert a serious threat to health or safety; for certain specialized government functions, such as military discharge, and national security and intelligence; and for workers' compensation purposes.

Any other uses or disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already take actions relying on you authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it. CSC may use or disclose your medical information in situations requiring emergency treatment, in which case we will ask the person(s) who receive the information not to further use or disclose the information.
- You may request that CSC provide you with your medical information in a confidential manner. For example, you can request that we send your appointment reminders, bills and other mailings to a different address, or that we provide you with this kind of information in another way, such as by a phone call. You must make this request in writing.
- You may ask to see and copy your medical records, unless that information is protected by law. You must make these request in writing. If your request to look at or copy your medical records is denied, you have the denial reviewed by a health care professional. We will act upon your request within 30 days, and we may charge you a legally acceptable amount for copying costs.
- You may ask us to amend information in your medical record. If your request is denied, you can write a statement of disagreement with the denial that we will keep with your medical information.
- You may ask us to provide you with an accounting of disclosures of protected health information.
- You have the right to obtain a paper copy of this notice from us upon request.

The effective date of this Notice is February 1, 2011. CSC is required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We reserve the right to change the terms of our Notice of Privacy Practices and to make new notice provisions effective for all protected health information maintained by CSC. If the terms of this Notice are changed, CSC will provide individuals with a revised notice upon request and by posting the revised notice in designated locations at CSC.

If you feel your privacy rights have been violated, you have the right to file a written complaint with our office, or with the Secretary of Health and Human Services. Filing a complaint will not affect the quality of the services you receive from CSC and you will not be retaliated against for filing a complaint.

Privacy Contact: Aaron Johnson **Phone:** 952-456-7316

US Dept. of Health & Human Services
Office of Civil Rights
200 Independence Ave. SW
Washington, DC 20201
(202) 619-0257