



MAIN STREET SPECIALTY SURGERY CENTER

HIPAA Notice of Privacy Practices

This Notice of Privacy Practices 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 that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

This notice became effective on April 14, 2003; revised March 26, 2013.

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, this Surgery Center, staff and other business associates that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the surgery center, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a surgical procedure may require that your relevant protected health information be disclosed to the health plan to obtain approval for the procedure.

Health Care Operations: We may use or disclose, as needed, your PHI in order to support the business activities of this Surgery Center. These activities include, but are not limited to, quality assessment activities, employee review activities, training of nursing and technical staff, licensing, and conducting or arranging for other business activities. For example: we may also call you by name in the waiting room when it is time to ready you for your procedure. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. In addition, we may use or disclose your PHI, as necessary, to contact you after your procedure to inquire about your condition.

Disclosures to Other Covered Entities: We may disclose personal information to other covered entities, or business associates of those entities for treatment, payment and certain health care operations purposes. For example, if your

condition should warrant transfer to a higher level of care than is available at this center we may disclose personal information to the transferring facility to ensure continuity of care.

Additional Reasons for Disclosure: We may use or disclose your PHI in providing you with treatment alternatives, treatment reminders, or other health-related services. We also may disclose such information in support of:

- Research - to researchers, provided measures are taken to protect your privacy.
- Business Associates - persons who provide services to us and assure us they will protect the information.
- Industry Regulation - State Board of Pharmacy, U.S. Food and Drug Administration, U.S. Department of Labor and other government agencies that regulate us.
- Law Enforcement - to federal, state and local law enforcement officials.
- Legal Proceedings - in response to a court order or other lawful process.
- Public Welfare - to address matters of public interest as required or permitted by law (e.g., child abuse and neglect, threats to public health and safety, and national security).

Disclosure to Others Involved in Your Health Care: We may disclose health information about you to a relative, a friend, the subscriber of your health benefits plan or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by calling this Surgery Center.

Uses and Disclosures Requiring Your Written Authorization: In all situations other than those described above, we will ask for your written authorization before using or disclosing personal information about you. For example, we will get your authorization:

- Related to the sale of your health information,
- For marketing/fundraising purposes unrelated to your surgery center visit, and
- For other reasons as required by law.

If you have given us an authorization, you may revoke it at any time, if we have not already acted on it.

Your Legal Rights: The federal privacy regulations give you several rights regarding your health information. You have the right to:

- Request communication with you in a certain way or at a certain location. For example, if you are covered as an adult dependent, you might want us to send health information to a different address from that of your subscriber.
- Restrict certain disclosures of PHI to a health plan where the individual pays out of pocket, in full, for health care services provided. You also

have the right to ask us to restrict disclosures to persons involved in your health care.

- Obtain a copy of health information that is contained in a "designated record set" - medical records and other records maintained and used in making payment, claims adjudication, medical management and other decisions. We may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies and, in certain cases, may deny the request.
- Amend health information that is in a "designated record set." Your request must be in writing and must include the reason for the request. If we deny the request, you may file a written statement of disagreement.
- An accounting of certain disclosures we have made, if any, of your PHI. Your request must be in writing. If you request such an accounting more than once in a 12-month period, we may charge a reasonable fee.
- Receive a copy of your PHI in the form requested.
- Be notified following a breach of unsecured protected health information.

You may make any of the requests described above (if applicable), may request a paper copy of this notice, or ask questions regarding this notice by calling this Surgery Center.

You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please send your inquiry to the following address:

Jeff Bernhardt, RN,BSN, Clinical Director
MAIN STREET SPECIALTY SURGERY CENTER
280 S. Main Street, Suite 100
Orange, CA 92868
714-704-1900 Fax: 714-704-1911

You also may write to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

This Surgery Center's Legal Obligations: The federal privacy regulations require us to keep personal information about you private, to give you notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect.

Safeguarding Your Information: We guard your information with administrative, technical, and physical safeguards to protect it against unauthorized access and against threats and hazards to its security and integrity. We comply with all applicable state and federal law pertaining to the security and confidentiality of personal information.

This Notice is Subject to Change: We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future.