

## **HIPPA NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH 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 as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPPA). This Notice of Privacy describes how Herndon Surgery Center, Inc (HSC) may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. "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.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Herndon Surgery Center, Inc is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, HSC will create records regarding you and the treatment and services provided to you. HSC is required by law to maintain the confidentiality of health information that identifies you. HSC is also required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, HSC must follow the terms of the notice of privacy practices that HSC has in effect at the time

**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 treatment purposes. For example, we may disclose your protected health information to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose protected health information to physicians who may be treating you or consulting with the facility with respect to your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

**Payment-**Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurance company to get approval for the procedure that we have scheduled. For example, we may need to disclose information to your health insurance company to get prior approval for the surgery/procedure. We may also disclosed protected health information to your health insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for the services we provide to you, we may also need to disclose the medical necessity of the services or, as required by your insurance company, for utilization review. We may also disclose patient information to another provider involved in your care for the other provider's payment activities. This may include disclosure of demographic information to anesthesia care providers for payment of their services.

**Health Care Operations**-HSC may use and disclose your identifiable health information to operate our business. As examples of the ways in which HSC may use and disclose your information for operations, HSC may use your health information to evaluate the quality of care that you received or to conduct cost-management and business planning activities. HSC may use your PHI, as necessary, to contact you in regards to a scheduled appointment.

HSC may use or disclose your PHI in the following situations without your authorization. These situations include and may be required by law, Public Health Issues: Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration Requirements: Legal Proceedings: Law Enforcement: Coroners: Funeral Directors: Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers Compensation> Under the law, HSC must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine HSC's compliance with the requirements of Section 164-500.

**Other Permitted and Required Uses and Disclosures**-will be made only with your consent, authorization of opportunity to object unless required by laws.

**You may revoke this authorization**-at any time, in writing except to the extent that HSC has taken an action in reliance on the use or disclosure indicated in the authorization.

## YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION

You have the following rights regarding the identifiable health information that Herndon Surgery Center, Inc maintains about you:

**Confidential Communication**-You have the right to request a restriction of HSC use or disclosure of your identifiable health information for treatment, payment or health care operations. Additionally, you have the right to request that HSC limit our disclosure of your identifiable health information to individuals involved in your case or the payment for your care, such as family members and friends. HSC is not required to agree to your request; however, if HSC does agree, HSC is bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

**Inspection and Copies**-You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. HSC will charge a fee for the costs of copying, mailing, labor and supplies associated with your request. HSC may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted by another licensed health care profession chosen by HSC.

**Amendment**-You may ask HSC to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as information is kept. You must

provide HSC with a reason that supports your request for the amendment. HSC will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, HSC may deny your request if you ask to amend information that is: (a) accurate and complete; (b) not part of the identifiable health information kept by HSC; (c) not part of the identifiable health information which you would be permitted to inspect and copy; or (d) not created by HSC, unless the individual or entity that created the information is no longer available to amend the information.

**Accounting of Disclosures-** All of our patients have the right to request an “accounting of disclosures”. An “accounting of disclosure” is a list of certain disclosures HSC has made of your identifiable health information. All requests for “accounting of disclosures” must state a time period which may not be longer than six years and not include dates before April 14, 2003. The first list you request within a 12 month period is free of charge, but HSC will charge you for additional lists within a 12 month period. HSC will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**Right to a Paper Copy of This Notice-**You are entitled to receive a paper copy of our notice of privacy practices.

**Right to File a Complaint-**If you believe your privacy rights have been violated, you may file a complaint with HSC or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Right to Provide and Authorization for Other Uses and Disclosures-**HSC will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to HSC regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization, HSC will no longer use or disclose your identifiable health information for reasons described in the authorization. Please note that HSC is required by law to retain records of your care.

**If you have questions, requests, or complaints regarding this notice of our health information privacy policies please contact our privacy officer in writing and send to :**

**Herndon Surgery Center, Inc  
1843 E Fir Suite 104  
Fresno, California 93720  
559-323-6611  
Attn: Privacy Officer**

**Effective Date: May 29, 2009**