



Privacy Statement

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. You will be given a copy of this notice.

Patient Health Information: Under federal law, your patient health information is protected and confidential. Patient Health Information (PHI) includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information.

How we use your Health Information: We use health information about you for treatment, to obtain payment, and for healthcare operations including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances we may be required to use or disclose the information without your permission. However, use and disclosure of information other than that listed in this notice that will require a written individual authorization from you includes information in a psychotherapy note (unless required by law), sales of PHI and marketing that uses your PHI. You may revoke your authorization at any time.

Examples of Care, Payment, and Healthcare Operations: **Treatment**—We will use and disclose your health information to provide your medical treatment. For example, nurses, physicians, and other members of your treatment team will record and use it to determine your care. We may also disclose information to other healthcare providers who are helping in your treatment, to pharmacists filling your prescriptions, and to family members helping with your care. **Payment**—We will disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain your records of payment. **Health Care Operations**—We will use and disclose your health information to conduct our standard internal operations, including the administration of records, the evaluation of the quality of treatment, and the assessment of outcomes.

Special use: We may use your information to contact you with appointment reminders. We may also contact you to provide information about different treatment options.

Other Uses and Disclosures: We may use or disclose health information about you for other purposes. Subject to certain requirements, we are permitted disclosure for the following purposes: **Required by Law**—We may be required by law to report gunshot wounds, suspected abuse, suspected neglect, or similar events. **Research**—We may use or disclose information for approved medical research. Before we disclose your PHI for any research project, you will have the opportunity to approve its use. **Public Health Activities**—As required by law, we may disclose vital statistics, disease, information related to recalls of products, and similar information to health authorities. **Health Oversight**—We may disclose information to assist in investigation and audits, and eligibility for government programs. **Judicial Proceedings**—We will disclose information in response to subpoena or court order. **Law Enforcement Purposes**—We may disclose information subject to certain restrictions. **Workers' Compensation**—We may release information about your workers' compensation or other programs providing benefits for work-related injuries or illness. **Military or Special Government Functions**—If a member of the armed forces, we will release information as military authorities or correctional facilities command, or for national security. **Death**—We must report information regarding deaths to the coroner, medical examiner, funeral directors, and organ donation programs.

Serious Threat to Health and Safety—We may share information when needed to prevent a serious threat to your health, safety, and/or to the public.

Individual Rights: You have the following rights with your health information. **Request Restrictions**—You may request restrictions on some uses of this information, although we are not required to agree with this request. **Confidential Communications**—You may request that we communicate with only you. You may request a special address or phone number. **Inspect and Obtain Copies**—In most cases you have the right to look and receive a copy of your information. **Right to an Electronic Copy of Medical Records**—If your Medical records are kept in an electronic format, you have the right to request that an electronic copy be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in that format. Otherwise, we will provide the information in our standard electronic format or a readable hard copy. **Amend Information**—If you believe there are errors in your information, or information is missing, you may request that it be modified. **Accounting of Disclosure**—You may request a history of the disclosure of the information about you for reasons OTHER than treatment, payment, or operations. **Data Breach**—You will be notified if there is a breach of unsecured PHI. **Health Plans**—You have the right to restrict disclosure of PHI to health plans if (1) the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law and (2) the PHI pertains solely to a health care item or service for which the individual has paid the ASC in full. **Other**—Use and disclosure of your PHI other than as provided in this notice will be made only with authorization. The individual has the right to revoke any authorization.

Our Legal Requirement: We are required to provide you with this notice, to protect your information, and to abide by the terms of this notice.

Changes in a Privacy Practice: We may change these terms at any time. We will change our notice to reflect the terms that we change. We will also post the terms changes in our waiting room. You may request a copy of this notice and/or the changes at any time. You may contact the Center Director below to answer any questions.

Complaints: If you have a complaint that may reveal we have violated this privacy statement, or do not agree with a decision that we made in regard to your information, please contact the Center Director below. You may also contact the US Department of Health and Human Services. The person below will provide you with the correct address upon request.

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Grievance Contact Person

Danielle King - Clinical Administrator 904-775-5280