

HILLSIDE SURGICARE

188-11 Hillside Avenue, Hollis, New York 11423 •Telephone: 718-264-6703 Fax: 718-264-6833

NOTICE OF PRIVACY PRACTICES

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.

This joint notice is being provided to you on behalf of Hillside SurgiCare Ambulatory Surgery Center (collectively referred to herein as “we or “our”) we understand that your medical information is private and confidential. Further, we are required by law to maintain the privacy of “protected health information” This includes any individually indefinable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care. Hillside SurgiCare, and its Medical Staff will share protected health information with one another, as necessary, to carry out treatment, payment or health care operation relating to the services to be rendered at this facility.

Our Responsibilities

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice.

Uses and Disclosures

How we may use and disclose Medical Information about you.

The following categories describe examples of the way we use and disclose medical information:

For Treatment: We may use medical information about you to provide treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, a doctor treating you for an infection may need to know if you have diabetes because diabetes may slow the healing process.

For Payment: We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment.

For Health Care Operations: Members of the medical staff may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and others for educational purposes.

We may also use and disclose protected health information:

HILLSIDE SURGICARE

188-11 Hillside Avenue, Hollis, New York 11423 •Telephone: 718-264-6703 Fax: 718-264-6833

- ◆ To remind you that you have an appointment for medical care, or to advise of test results;
- ◆ To assess your satisfaction with our services;
- ◆ To tell you about possible treatment alternatives;
- ◆ To tell you about health-related benefits or services; and
- ◆ For population based activities relating to improving health or reducing health care costs.

Business Associates: There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the service we require and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Research: If you are participating in a research project, we may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

Future Communications: We may communicate to you via newsletters, our website, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities our practice is participating.

Affiliated Covered Entity: Protected health information will be made available to hospital personnel as necessary to carry out treatment, payment and health care operations. Caregivers at other facilities may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment at this time. Please contact the Privacy Officer for further information on the specific sites included in this affiliated covered entity.

As required by law, we may also use and disclose health information for the following types of entities, including but not limited to:

- ◆ Food and Drug Administration
- ◆ Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- ◆ Correctional Institutions
- ◆ Workers Compensation Agents
- ◆ Organ and Tissue Donation Organizations
- ◆ Military Command Authorities

HILLSIDE SURGICARE

188-11 Hillside Avenue, Hollis, New York 11423 •Telephone: 718-264-6703 Fax: 718-264-6833

- ◆ Health Oversight Agencies
- ◆ Funeral Directors, Coroners and Medical Directors
- ◆ National Security and Intelligence Agencies
- ◆ Protective Services for the President and Others

Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or office that compiled it, you have the **Right to:**

- ◆ **Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- ◆ **Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the practice. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

- ◆ **An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your medical information for purposes other than treatment, payment or health care operations.

- ◆ **Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- ◆ **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work or by U.S. Mail. The practice will grant requests for confidential communications at alternative locations and/or via alternative means only if the request is

HILLSIDE SURGICARE

188-11 Hillside Avenue, Hollis, New York 11423 •Telephone: 718-264-6703 Fax: 718-264-6833

submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the practice and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

♦ **A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website: www.wmshlth.yourmd.com

To exercise any of your rights, please obtain the required forms from the Site Office Manager and submit your request in

CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in each office and include the effective date. In addition, each time you register for treatment, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may contact the Administrator at 718-264-6869. We will not take any action for filing a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.