

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 Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose your protected health information 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 protected health information in some cases. Your “protected health information” means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

Understanding Your Health Information Rights

Unless otherwise required by law your health record is the physical property of Arundel Ambulatory Surgery Center, but the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information, and the right to request amendments to your health record. However, we are not required to agree with the requested restriction. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. You have the right to obtain an accounting of disclosures of your health information, request communications of your health information by alternative means. You have the right to revoke your authorization, in writing, to use or disclose health information except to the extent that action has already been taken.

Understanding Your Health Record/Information

Each time you visit a hospital, out patient surgical center, physician, or other healthcare

provider, a record of your visit is made. Typically, this record contains your symptoms, examination, test results diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Our Responsibilities

Arundel Ambulatory Surgery Center is required to maintain the privacy of your health information. In addition, provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.

Arundel Ambulatory Surgery Center is required to abide by the terms of this notice, and notify you if we are unable to grant your requested restriction.

We reserve the right to change our practices and effect new provisions to enhance the privacy standard of all protected patient medical information. Should our “Notice of Privacy Practices” change, we will upon your written request, make it available to you. If we maintain a Web site that provides information about our customer services or benefits we will post our most recent notice on that Web site.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Arundel Ambulatory Surgery Center Administrator at:

Ridgely Oaks Professional Center
621 Ridgely Avenue, Suite 101, Annapolis, MD 21401
410-224-3636

If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services.

There will be no retaliation for filing a complaint.

Use of Disclosures

Your Health Information Will Be Used for Treatment, Payment, and Health Care Operations

Examples of Disclosures

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 health care information will be used in order to receive payment for services rendered by Arundel Ambulatory Surgery Center. A bill may be sent to you or a third-party payer(s). The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the proposed treatment.

Health Care Operations We will use your health information for regular health care operations. The Arundel Ambulatory Surgery Center healthcare staff will use your health information to assess the care you received and the outcome of your case compared to others like it. For example, members of the medical staff, the risk or quality improvement team may use information in your medical record to make these assessments. This information will then be used in an effort to continually improve the quality and effectiveness of the health care service we provide.

Understanding Arundel Ambulatory Surgery Center's Policies for Specific Disclosures

Business Associates Some or all of your health information may be subject to disclosure through contracts for services to assist Arundel Ambulatory Surgery Center in providing your healthcare. For example, it may be necessary to obtain specialized assistance to process certain laboratory tests or radiology images. To protect your health information, we require these Business Associates to follow the same standards held by this office through terms detailed in a written agreement.

Notifications and Communication

With the exception of Emergency Situations, you have the opportunity to object to the uses and disclosures under "Notification", "Communications with Family" and "Reminders", either in general or to any specific person or persons to whom your medical information might be disclosed.

Notification

Your health record may be used to notify or assist family members, personal representatives, or other persons responsible for your care to enhance recovery or regarding your whereabouts.

Communications with Family

Using best judgment practices, we may release medical information about you to a family member, other relative, Responsible Adult Companion (RAC), any other person you appoint, or someone who has power of attorney or similar documentation and is of relevance in the involvement of your care. We may also give information to someone who helps pay for your care. In the event of an unforeseen disaster, and Arundel Ambulatory Surgery Center is providing assistance in disaster relief we may disclose medical information to a cooperative assisting entity so that your family can be notified about your condition, status, and location.

Reminders

We may use and disclose medical information about you in an effort to provide appointment reminders, pre-op assessments and follow-up care phone calls or post cards.

Privacy

To the best of our ability we will at all times do our utmost to protect your privacy, but we cannot absolutely assure you that your privacy will be secured in all areas of the facility. For example, the waiting room, the preoperative area, and the second stage recovery area.

Marketing

At times we may send you mailings, newsletters and information about community awareness, etc. These communications will include information for you to "OPT OUT" of any future marketing communications if you so choose at any given time.

Disclosure As Required by Law

We will disclose medical information about you when required to do so by federal, state or local law. For example, we are required by law to disclose health information to the FDA related to any adverse effects of food, supplements, products and product defects, to enable product recalls, repairs or replacements. Additional requirements are through Workers Compensation, Public Health Services Correctional Facilities, abuse, neglect or domestic violence and Law Enforcement requirements, Health Oversight Activities and law suits or disputes. Note: An inmate does not have the right to Notice of Privacy.

Notice of Privacy Practices Availability

The terms described in this notice will be posted in the waiting area. All individuals receiving care will be given a hard copy.

Except as described above, we will disclose your medical information only with your prior written authorization. You may revoke that

authorization, in writing, at any time. However, actions already taken based on authorization prior to revocation date cannot be changed.

Effective April 14, 2003

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