



NOTICE OF PRIVACY PRACTICES

State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this Notice. We must comply with the Standards for Privacy of Individually Identifiable Health Information (Privacy regulations) promulgated under the Health Insurance Portability and Accounting Act of 1996 (HIPAA).

Ashland Surgery Center reserves the right to change their notice and practices and prior to implementation in accordance with section 164.520 of the Code of Federal Regulations. Should Ashland Surgery Center change their Notice, the new Notice will be available upon request. You may request a copy of our Privacy Notice at any time by contacting our Privacy Officer, Marla Scheaffer, at 541-482-5518.

TYPICAL USES AND DISCLOSURES OF PRIVATE HEALTH INFORMATION (PHI)

We will keep your health information confidential, using it only for the following purposes:

Treatment: We may use your health information to provide you with our professional services. We have established “minimum necessary or need to know” standards that limit various staff members’ access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement.

Disclosure: We may disclose and/or share your healthcare information with other health care professionals who provide treatment and/or service to you. Health information about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care.

Payment: We may use and disclose your health information to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations, Workers Compensation or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances. We may also tell your health plan about a treatment you are going to receive so we can get prior payment approval or learn if your plan will pay for the treatment. You have the right to restrict disclosure of your PHI to your health plan if have paid in full out of pocket prior to the procedure.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of, a family member or anyone responsible for your care, in case of any emergency involving your care, your location, or your general condition. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated, we will use our professional judgment to disclose only that information directly relevant to your care.

Healthcare Operations: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, outside health or management reviewers and individuals performing similar activities.

Required by Law: We may use or disclose your health information when we are required to do so by law, court or administrative orders, subpoena, discovery request or other lawful process. We will use and disclose your information when requested by national security, intelligence and other State and Federal officials We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections or licensing purposes.

For public health activities: We may release healthcare records to certain government agencies or public health authority authorized by law. For example, we are required to report certain positive laboratory test results or when an employee has had an exposure to your blood to the state epidemiologist. We may also disclose HIV or hepatitis test results to other providers or persons when there has been an exposure. We may disclose health information about you when necessary to prevent a serious threat to your health and safety or that of another person.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of elder abuse, or neglect, as required by law.

Contacting You: We may contact you by mail or telephone to inform you about appoint or other pertinent information regarding your procedure. We may leave voice messages at the telephone number you provide us.

Marketing Health Related Services: We will not use your health information for marketing communication. We will not sell your PHI to another organization for marketing of any purpose.

Family and Friends: We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection.

Deceased Person's PHI may be disclosed by our practice to family or others involved in the person's care or payment for care, unless our practice knows the deceased preferred that certain people not receive the PHI. Disclosures are limited to the PHI directly relevant to the person's involvement.

AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES

As described above, we will use your health information and disclose it outside for treatment, payment, health care operations, and when permitted or required by law. We will not use or disclose your health information for other reasons without your written authorization. For example, you may want us to release medical information to your employer. These kinds of uses and disclosures of your health information will be made only with your written authorization. You may revoke the authorization in writing at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization. You have the right to be notified of a breach of your PHI by our practice.

YOUR RIGHTS REGARDING HEALTH INFORMATION

Right to Accounting: You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom ASC has disclosed your health information, without your written authorization. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures. We will not list disclosures made before April 14, 2003, or made earlier than 6 years before your request. You must submit your written request to the Privacy Officer.

Right to Amend: If you feel that health information we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must be in writing to the Privacy Officer, signed, and dated. It must specify the records you wish to amend, and give the reason for your request, we will respond to you within 60 days. If we deny your request, we will tell you why and explain your options.

Right to Inspect and Obtain Copy: You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. . Your request to inspect or obtain a copy of the records must be submitted in writing, signed and dated. If requested we may charge a fee for copying, mailing or other associated costs.

Right to Request Restrictions: You have the right to object to the use of your health information for directory purposes and the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations. Ashland Surgery Center is not required to agree to the restrictions requested. You have the right to revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon. It should also be understood that by refusing to sign this consent or revoking this consent, this organization may refuse to treat you as permitted by Section 164.506 of the Code of Federal Regulations.

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. The Center will grant reasonable requests for confidential communications at alternative locations and/or via alternative means. This will be done only if the request is submitted in writing to the Privacy Officer, and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize our right to contact you by the other means and at the other location(s) 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.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with the facility by following the process outlined in the facility's Patient Rights documentation. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.