

OUTPATIENT SURGERY CENTER OF JONESBORO

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.

To Our Patient: The physicians and staff of Outpatient Surgery Center have always been committed to the absolute protection of your health information. The Health Insurance Portability and Accountability Act, requires that we provide notice to each of our patients of how this information is used. We safeguard information about your health and your person (Protected Health Information, PHI). We collect information from you and keep it in a designated record set that contains your health and billing information.

1. USES AND DISCLOSURES AND PROTECTED HEALTH INFORMATION

Treatment: We will use and disclose your health information to provide, coordinate, and/or manage your healthcare and any related service. For example,

Releasing your information to a specialist to whom you have been referred.

Releasing your information to a receiving hospital in the event of transfer.

Payment: Your protected health information will be used, as necessary, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for your services such as determining eligibility and coverage and utilization review. For example,

Obtaining approval from your insurance company for your admission.

Healthcare Operations: We may use or disclose, as necessary, your protected health information in order to support the business activities of Outpatient Surgery Center. These activities include, but are not limited to, performance assessment and improvement activities, licensing, and marketing activities. For example,

Your information may be used to help obtain necessary health information from your primary care physician.

We may use your protected health information to remind us to contact you for your upcoming procedure or diagnostic test. We will share your protected health information with third party Business Associates that perform various activities for Outpatient Surgery Center. Whenever an arrangement such as this involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect your privacy. For example,

A contract exists between us and the company we use for medical transcription.

A contract exists between us and the providers of anesthesia, pathology and laboratory services.

2. OTHER USES AND DISCLOSURES BASED UPON YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke your authorization at any time in writing. There may be cases where Outpatient Surgery Center has already released your protected health information prior to the revocation of the authorization.

3. DISCLOSURES TO WHICH YOU HAVE THE OPPORTUNITY TO OBJECT

Facility Schedule: Unless you object, we will place your name on our facility schedule for the day. This information will be disclosed to people who ask for you by name.

Others Involved in your Healthcare: Unless you object, we may discuss your protected health information with family members or close friends. The information disclosed will only be that related directly to this person's involvement in your care. If you are unable to agree or disagree, we may disclose this information if we determine that it is in your best interest based on our professional judgment. For example,

We may notify your family of your admission to the Surgery Center.

We may discuss your discharge plan with the individuals participating in your care.