

# 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.

Understanding Your Health Information Each time you visit our Surgery Center, a record of your visit is created. This record usually contains your name and other information that may identify you, your symptoms, examination and test results, diagnoses, treatment, plan for future health care, and financial information. This record is sometimes referred to as your "medical record" or "medical chart." This record allows:

Doctors, nurses, and other health professionals to plan your treatment; Our Surgery Center to obtain payment for services we provide to you, such as from health plans, Medicaid, or you; and Our Surgery Center to measure the quality of care provided to you. We are committed to keeping your health information confidential. We will not use or give to others your health information without your written permission, except as stated in this Notice.

How We Will Use and Give Out Your Health Information

**a. Treatment, Payment, and Health Care Operations**

We will use and give out your health information to provide you with health care treatments, to get paid for our services, and to help us operate our Surgery Center. For example:

- We will give your health information to health care professionals not on our staff, such as other doctors and hospital staff, when extended care is required;
- We will send a bill to your health insurance plan or to you; and
- We may use your medical record to review our performance and measure our effectiveness in the delivery of quality health care.

**b. Other Uses and Disclosures Allowed or Required by Law**

We may use or give out your health information for the following purposes under limited circumstances:

- To people who are involved in your care or who help pay for your care, such as your family, your close personal friends, or any other person chosen by you, to notify them of your location, general health, and to assist you in your health care (such as to pick-up medicine or help with follow-up care);
- To government agencies that oversee our Surgery Center (such as state licensure, and federal certification inspectors);
- To government agencies that have the right to receive and collect health information (such as to control disease outbreaks);
- When we are ordered by a court or judge;
- To workers' compensation programs when your health problem is from a work-related injury;
- When law enforcement requests information (such as to prevent danger or injury);
- To coroners and funeral directors to allow them to carry out their duties;
- To organ donor agencies (subject to applicable laws);
- For research studies that meet all privacy law requirements (such as research to stop a disease);
- To county health departments for the prevention of health or safety of others;
- To contact you about new treatments or medicines that may help you;
- To business associates of the Surgery Center that help us perform required tasks, such as our accountants, computer consultants, and billing companies (only if the business associate agrees in writing to keep your health information confidential as required by law and only as needed for the business associate to perform the required task); and
- For any other purpose required or allowed by law.

**c. Other Uses and Disclosures Requiring Your Written Permission**

Except as stated above, we will use or give out your health information only after getting your written permission on an Authorization form. You may revoke your authorization at any time by notifying us in writing that you wish to do so.

Your Rights Regarding Your Health Information. Subject to certain legal limits, you have rights regarding the use and disclosure of your health information, including the rights to:

- Request limits on uses of your health information
- Receive confidential communications of your health information
- Inspect and copy your health information
- Request a change to your health information
- Receive a record of how we have used and given out your health information
- Obtain a copy of this Notice of Privacy Practices

If you want to request any of these rights, please ask a clinic staff person for assistance.

**IV. Questions, Concerns, and Changes to this Notice**

If you have any questions or want to talk about any of the information in this Notice of Privacy Practices, please contact our HIPAA Compliance Officer at 832-255-7500. If you believe your privacy rights have been violated, you may file a complaint with our Surgery Center or with the Secretary of the Department of Health and Human Services. To file a complaint with our Surgery Center, contact our HIPAA Compliance Officer at address shown above. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint.

We may change our Notice of Privacy Practices in the future. Such changes will apply to your health information that we created or received before the effective date of the change. We will notify you of any changes to our Notice of Privacy Practices by posting the changed notice at our Surgery Center and on our web site at [www.pearlandsurgerycenter.net](http://www.pearlandsurgerycenter.net)

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_