



## Notice of Privacy Practices

**This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have questions about this notice, please contact the Matthews Surgery Center Privacy Officer by dialing the main number, (704) 815-7880.**

Each time you visit a hospital, physician, surgery center, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by Matthews Surgery Center, whether by Center personnel, agents of the Center, or your personal physician. Your personal physician may have different policies or notices regarding the physician's use and disclosure of the health information created in that physician's office or clinic.

### **OUR RESPONSIBILITIES**

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

### **USES AND DISCLOSURES**

The following categories describe examples of the ways we may use and disclose health information about you.

- 1) To Provide Treatment:** We may use health information about you to provide your treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other Center personnel who are involved in taking care of you at the Center. For example, a doctor treating you for a procedure may need to know if you have diabetes because diabetes may slow the healing process. Different employees of the Center may share health information about you in order to coordinate the different things you may need, such as prescriptions, laboratory work, and X-rays.

We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from the Center.

- 2) To Obtain Payment for Services Provided:** We may use and disclose health 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. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

- 3) To Conduct Health Care Operations:** Members of the medical staff and/or quality improvement team 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 health information about many patients to evaluate the need for new services and treatment. We may disclose information to doctors, nurses, and other students for education purposes. We may also combine health information we have with that of other hospitals or health care facilities to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy.

We may also use and disclose health information:

- To business associates we have contracted with to perform the agreed upon service and bill for it;
- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits and services;
- To inform Funeral Directors consistent with applicable law;
- For population-based activities relating to improving health or reducing health care costs; and
- For conducting training programs or reviewing competence of health care professionals.

- 4) For Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include physician services for radiology, pathology, and anesthesia, copy services for make copies of your health record and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associates so they can perform the job we have asked them to do and bill you or your third party payer for services rendered. To protect your health information, however, we require business associates to appropriately safeguard your information.

- 5) For Individuals Involved in Your Care and/or Payment for Your Care:** We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location, should the need arise.

- 6) For Research:** We may disclose information to researchers when an institutional review board that has reviewed a research proposal and established protocols to ensure the privacy of your health information has approved their research and granted a waiver of the authorization requirement.
- 7) For Future Communication:** We may communicate to you via newsletters, direct mail, or other means regarding treatment options, health related information and programs, or other community based initiatives or activities our facility is participating in.
- 8) For Organized Health Care Arrangement:** This facility and its medical staff members have organized and are presenting you with this document as a joint notice. Information will be shared as necessary to carry out treatment, payment, and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.
- 9) For Affiliated Covered Entities:** Protected health information will be made available to Center personnel at local affiliated hospitals 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 pertains to treatment at this time. Please contact the Matthews Surgery Center 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:
- 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
  - Health oversight agencies
  - Funeral Directors, Coroners, and Medical Directors
  - National security and intelligence agencies
  - Protective services for President and others
- 10) For Law Enforcement and/or Legal Proceedings:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- 11) For State-Specific Requirements:** Many states have requirements for reporting, including population-based activities relating to health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

**12) Under a valid patient authorization signed for any purpose.**

**YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of Matthews Surgery Center, under the HIPAA privacy rule, you (or your legal representative) have the **Right to:**

- 1) **Inspect and 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. 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 your health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Center will review your request and the denial. The person conducting the review will not be the person who denied your initial request. We will comply with the outcomes of the review.
- 2) **Amend:** If you feel that health or billing 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 Center. We may deny your request for an amendment, and if this occurs, you will be notified of the reason for the denial.
- 3) **Request 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 health information for purposes other than treatment, payment, or health care operations where an authorization was not required.
- 4) **Request Restrictions:** You have the right to request a restriction or limitation on the health 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 health information we disclose about you to someone who is involved in your care and/or the payment for your care, such as 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 emergency treatment.
- 5) **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 instead of at your home. The Center will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing 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 or at another facility.

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

- 7) Receive a Copy of the Center's Patient Bill of Rights and Grievance Process.**

### **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 the Center and include the effective date. In addition, each time you register at or are admitted to the Center for treatment or health care services as an outpatient we will offer you a copy of the current notice in effect.

### **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 for filing a complaint.

### **OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of health 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 health 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 health 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.

### **ADDITIONAL INFORMATION**

If you have questions or need additional information, you may request copies of the following Matthews Surgery Center policies:

- HIPAA Privacy Rights
- Patient Access to Protected Health Information
- Use of and Requests for Patient Information