



NOTICE OF PRIVACY PRACTICES
(Your Guide to Your Rights "related to Health Information)

HIPAA Notice of Privacy Practices

This Notice of Privacy Practices 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 Notice of Privacy Practices describes the University Surgery Center's practices for safeguarding of PHI. We may change this notice at any time. Upon your request, we will provide you with any revised "Notice of Privacy".

I. DISCLOSURES

1. Uses and Disclosure of Protected Health Information(PHI)
You will be asked to sign an acknowledgement that University Surgery Center has given you a copy of this "Notice of Privacy Practice". The Center may disclose your protected health information for the purposes of providing health care services to you. Your *PHI* maybe disclosed to pay your health care bills and to support the operation of the Center. The following are examples of the types of uses and disclosures of your *PHI* that the Center may be permitted to make:
 - **Treatment:** We will use and disclose your *PHI* to provide and coordinate your healthcare and related services (e.g. Anesthesiologist, Consultants, Pathologist, or laboratory services.)
 - **Payment:** Your information is needed to obtain payment for care services.,
 - **Healthcare Operations:** We may need your *PHI* to support the activities of the Center such as quality assurance and employee review activities. We will share your information with third party Business Associates (e.g. billing or transcription services) for the Center.

2. Other Permitted and Required Uses and Disclosures
We may use and disclose your *PHI* in the following instances. You have an opportunity to agree or object to the use or disclosure of all or part of your protected information. The Center will release the minimum amount of health information that is necessary.
 - **Facility Directories:** We may disclose to a member of your family, a close friend or any other person you identify, your *PHI* that relates to that person's involvement in your health care. If you are unable to agree or object the disclosure, we may disclose such information as necessary if we determine that it is in your best interest based upon our professional judgment.
 - **Emergency:** We may use or disclose your *PHI* in an emergency situation.
 - **Communication Barriers:** We may use and disclose your *PHI* if needed to obtain consent from you due to a substantial communication barrier.

3. Disclosures that may be made without your Authorization
These situations include:

- **Required by Law:** We may use or disclose your *PHI* to the extent that disclosure is required by law.
- **Public Health:** We may disclose your *PHI* for public health activities.
- **Abuse and Neglect:** We may disclose your *PHI* to a public health authority authorized by law to receive reports of child/adult abuse or neglect.
- **Food and Drug Administration:** We may disclose your *PHI* to companies required by the Food and Drug Administration to report adverse events and track products.
- **Workers' Compensation:** Your *PHI* may be disclosed by us as needed to comply with the workers' compensation laws.

4. Disclosures that must have your Consent/Authorization

Except under federal/state law, the following will not be released without your written authorization: HIV/AIDS tests, and alcohol and drug dependency.

Protected Health Information (PHI) is any identifiable patient information that is recorded or transmitted electronically. It relates to the patient's past, present, or future physical or mental health; a condition that identifies; or can be used to identify an individual.

II. YOUR RIGHTS

The following is a statement of your rights with respect to your *PHI*. Inspect and copy your *PHI*:

- You may inspect and obtain a copy of your *PHI* that is contained in a designated record set for as long as we maintain the health information.
- Request a restriction of your *PHI*: You may request that any part of your pm not be disclosed, but the Center is not required to agree to a requested restriction.
- Request amendment of your *PHI*: You may request an amendment to your medical record. In certain cases, we may deny your request to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement that will be placed in the medical record.
- Receive an accounting of certain disclosures: This right applies to disclosures for purposes other than treatment payment or healthcare operations as described in this Notice. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

ID. COMPLAINTS

You may complain to us or to the Secretary of Health & Human Services if you believe your privacy rights have been violated by us.

You may contact our Administrator, the Privacy Officer, by writing:

University Surgery Center,
1390 E. Yosemite Ave. Suite B,
Merced, CA 95340.

There will be no retaliation upon receipt of a complaint from you.