

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 *PHI* not be disclosed. The Center is not required to agree to your requested restriction except certain disclosures to your health plan if the requested restriction is for healthcare services you paid out of pocket in full.
- **Request amendment of your *PHI*:** In certain cases, we may deny your request for 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, or six years prior to the date of the request. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- **You have a right to receive notice of a breach:** You will be notified should there be a breach of your unsecured *PHI*.

III. 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.

Feel free to discuss your rights with a representative of the University Surgery Center.

Effective April 14, 2003
Revised 2013

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s u r g e r y c e n t e r

NOTICE OF PRIVACY PRACTICES

(Your Guide to Your Rights related
to Health Information)

1390 E. Yosemite Ave.
Suite B
Merced, CA 95340
(209) 580-3400

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 a revised "Notice of Privacy Practices".

Protected Health Information (PHI) is individually identifiable patient information that is transmitted or maintained in any form or medium. It relates to the patient's past, present, or future physical or mental health; the provision of health care to the patient; or the past, present or future payment for the provision of health care to the patient

I. DISCLOSURES

1. Uses and Disclosure of Protected Health Information (PHI)

The Center may use and disclose your protected health information for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the center and any other use required by law. 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 *PHI* will be used, as needed, to obtain payment for your health care services.
- **Healthcare Operations:** We may use your *PHI* to support the business activities of the Center. These activities include, but are not limited to, quality assurance and employee review. We will share your information with third party Business Associates (e.g. billing or transcription services) for the Center. In addition, we may use or disclose your *PHI*, as necessary, to contact you for pre-registration purposes, inform you of pre-operative instructions and post-operative phone call.

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 issues as required by law.
- **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 require 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, disclosure of your *PHI* for marketing purposes and disclosures that constitute a sale of *PHI*. **Other uses and disclosures not described in this notice will be made only with your consent/authorization.**