

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.

Weston Outpatient Surgery Center is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Weston Outpatient Surgery Center please contact:

Privacy Officer
Weston Outpatient Surgery Center
2229 N. Commerce Pkwy.
Weston, FL 33326
954-389-2446

Effective Date of This Notice: April 14, 2003

I. How Weston Outpatient Surgery Center may Use or Disclose Your Health Information

Weston Outpatient Surgery Center collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of Weston Outpatient Surgery Center, but the information in the medical record belongs to you. Weston Outpatient Surgery Center protects the privacy of your health information. The law permits Weston Outpatient Surgery Center to use or disclose your health information for the following purposes:

1. Treatment. We will use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for

treatment purposes. For example, we may disclose your protected health information to a pharmacy to fill a prescription or to a laboratory to order blood tests.

2. Payment. Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurance company to get approval for the procedure that we have scheduled. For example, we may need to disclose information to your health insurance company to get prior approval for the surgery.

3. Operations. We may use or disclose your protected health information, as necessary, for our own health care operations to facilitate the function of Weston Outpatient Surgery Center and to provide quality care to all our patients. Health care operations include such activities as: quality assessment and improvement activities, employee review activities and training programs.

4. Other Uses and Disclosures. As part of your treatment, payment and health care operations, we may also use or disclose your protected health information for the following purposes: to remind you of your surgery date, to inform you of potential treatment alternatives or options, to inform you of health-related benefits or services that may be of interest to you.

5. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

6. Required by law. As required by federal, state or local law, we may use and disclose your health information.

7. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration

problems with products and reactions to medications; and reporting disease or infection exposure.

8. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

9. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.

10. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

11. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.

12. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

13. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or Weston Surgery Center's privacy board.

14. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

15. Specialized government functions. We may disclose your health information for military and veterans activities, national security and intelligence activities, correctional institutions and law enforcement custodial situations.

16. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.

17. Marketing. We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.

18. Fund-raising. We may contact you to participate in fund-raising activities for this organization.

19. Change of Ownership. In the event that Weston Outpatient Surgery Center is sold or merged with another organization, your protected health information will become the property of the new owner.

II. When Weston Outpatient Surgery Center May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Weston Outpatient Surgery Center will not use or disclose your health information without your written authorization. If you do authorize Weston Outpatient Surgery Center to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. Weston Outpatient Surgery Center is not required to agree to the restriction that you requested. We will notify you if we deny your request to a restriction.

2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled.

3. You have the right to inspect and copy your health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in anticipation of a civil, criminal, or administrative action or proceeding.

4. You have a right to request that Weston Outpatient Surgery Center amend your health information that is incorrect or incomplete. Weston Outpatient Surgery Center is not required to change your health information and will provide you with information about our denial and how you can disagree with the denial.

5. You have a right to receive an accounting of disclosures of your health information made by Weston Outpatient Surgery Center, except that we do not have to account for the disclosures described in

parts 1 (treatment), 2 (payment), 3 (Operations), 4 (other uses and disclosures), information provided to you, and 15 (certain government functions) of section I of this Notice of Privacy Practices.

6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Privacy Officer at Weston Outpatient Surgery Center.

IV. Changes to this Notice of Privacy Practices

Weston Outpatient Surgery Center reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Weston Outpatient Surgery Center is required by law to comply with this Notice.

V. Complaints

Complaints about this Notice of Privacy Practices or how Weston Outpatient Surgery Center handles your health information should be directed to:

Privacy Officer
Weston Outpatient Surgery Center
2229 N. Commerce Pkwy.
Weston, FL 33326
954-389-2446

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.

Acknowledgement of Receipt of Notice Weston Outpatient Surgery Center

I hereby acknowledge that I received a copy of Weston Outpatient Surgery Center's Notice of Privacy Practices.

Yes No (circle one) I would like to receive a copy of any amended Notice of Privacy Practices by e-mail at: _____.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate.

Relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient

Name of Patient: _____

For Office Use Only:

Í Signed form received by: _____

Í Acknowledgment refused:

Efforts to obtain:

Reasons for refusal:

