



## 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.

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any of your written and oral health information, including demographic data that can be used to identify you. This is health information that is created or received by your healthcare provider, and that relates to your past, present or future physical or mental health or condition.

### Uses and Disclosures of Protected Health Information

The Center may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting healthcare operations. Your protected health information may be used or disclosed only for these purposes unless the Center has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA Privacy Regulations or state law. Disclosures of your protected health information for the purposes described in this Notice may be made in writing, orally or by facsimile.

- A. Treatment. We will use and disclose your protected health information to provide, coordinate or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party for treatment purposes. For example, we may disclose your protected health information to a pharmacy to fill a prescription, to a laboratory to order a blood test, or to a home health agency that is providing care in your home. We may also disclose protected health information to other physicians who may be treating you or consulting with the Center with respect to your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.
- B. 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 insurer to get approval for the surgery that we have scheduled. For example, we may need to disclose information to your health insurer to get prior approval for the surgery. We may also disclose protected health information to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for your services, we may also need to disclose your protected health information to your insurance company to demonstrate the medical necessity of the services or, as required by your insurance company, for utilization review. We may also disclose patient information to another provider involved in your care for the other provider's payment activities. This may include disclosure of demographic information to the anesthesiologists for payment of their services.
- C. Operations. We may use or disclose your protected health information, as necessary, for our own healthcare operations in order to facilitate the function of the practice and to provide quality care to all patients. Healthcare operations include such activities as:
- \*Quality assessment and improvement activities.
  - \*Employee review activities.
  - \*Training programs, including those in which students, trainees or practitioners in healthcare learn under supervision.
  - \*Accreditation, certification, licensing or credentialing activities.
  - \*Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs.
  - \*Business management and general administrative activities.
- In certain situations, we may also disclose patient information to another provider or health plan for their healthcare operations.
- D. Other Uses and Disclosures. As part of treatment, payment and healthcare 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 and/or to inform you of health-related benefits or services that may be of interest to you.