

# PRIVACY NOTICE

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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 privacy notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This privacy notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care 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” (referred to further in this document as “PHI”) means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that related to your past, present or future physical or mental health or condition.

1. **Uses and Disclosures of PHI:** The ASC may use your PHI for purposes of providing treatment, obtaining payment for treatment, pre and post op calls, and conducting health care operations. Disclosures of your PHI for the purposes described in the Privacy Notice may be made in writing, orally or by facsimile.
  - a. **Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. For example, we may disclose your PHI to a pharmacy to fill a prescription, an outside provider or a physician.
  - b. **Payment:** Your PHI will be used, as needed to obtain payment for the services that we provide, including communication with your health insurance company regarding benefits and approvals.
  - c. **Operations:** We may use or disclose your PHI for our own health care operations such as quality management.
  - d. **Other uses and disclosures:** WE may also use or disclose your PHI to perform pre op and follow up calls, and to inform you of treatment options.
  
2. **Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorizations or Opportunity to Object:** Federal Privacy rules allow us to use or disclose your PHI without your permission or authorization for a number of reasons including the following:
  - a. **When Legally Required** by Federal, State, or Local Law.
  - b. **When there are Risks to Public Health:** For example: To prevent disease, public health surveillance, to collect adverse events, exposure to communicable disease or to report to an employer as legally permitted.
  - c. **To Report Suspected Abuse, Neglect or Domestic Violence:** We will only make this disclosure when required by law or if the patient agrees.
  - d. **To Conduct Oversight Activities:** Such as: audits, licensure.

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- e. **In Connection with Judicial and Administrative Proceedings:** We will disclose your PHI on order of the court or in response to a subpoena.
  - f. **For Law Enforcement Purposes:** As required by law, pursuant to a court order, to identify a suspect, when you are a victim of a crime, in an emergency, or criminal health proceedings.
  - g. **Coroners, Funeral Directors, Organ Donation:** Such as a funeral director by law.
  - h. **For Research Purposes.**
  - i. **In the Event of a Serious Threat to Health or Safety.**
  - j. **For Specified Government Functions:** For example: relating to military activities.
  - k. **For Worker's Compensation.**
3. **Uses and Disclosures Permitted without Authorization but with Opportunity to Object:** For example, we may disclose your PHI to your family member or in an effort to locate your family concerning your care.
4. **Uses and Disclosures which you Authorize:** Other than as stated above, we will not disclose your PHI other than with your written authorization. You may revoke this in writing anytime, except if we take action to retaliate upon that authorization.
5. **Your Rights:**
- a. **The right to inspect and copy your PHI.** Any PHI that contains medical and billing records and any other records that your doctor and the facility uses for making decisions, except when prohibited by law. We may deny this right and you may request a review of this decision.
  - b. **The right to request a restriction on uses and disclosures of your PHI.** You may request that we do not disclose your PHI. You must state the specific restriction and to whom this should apply.
  - c. **The right to request to receive confidential communications from us by alternative means or at an alternative location.** You may request we communicate with you in certain ways. For example: a different address.
  - d. **The right to request amendments to your PHI.** We may deny this request and you may file a disagreement and we may prepare a rebuttal and provide you with a copy. You must request in writing and provide reasons.
  - e. **The right to receive an accounting.** The right applies to purposes other than treatment, payment or health care operations.
  - f. **The right to obtain a paper copy of this notice.** Upon request, we will provide a notice to further explain these rights, uses and disclosures.

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6. **Our Duties:** The facility is required to maintain the privacy of your PHI and provide you with this notice. We may change this notice. If changed, we will provide a copy to you.
7. **Complaints:** You have the right to express complaints, through the Privacy Officer, and to the Secretary of Health and Human Services if you believe your rights have been violated. You will not be retaliated against in any way for filing a complaint.
8. **Contact Person:** The Nurse Administrator is the Privacy Officer. If you have any issues, complaints or need information on this notice, please contact the Privacy Officer at  
**610-377-9680.**  
**Carbon-Schuylkill Endoscopy Center**  
**400 South 9<sup>th</sup> Street**  
**Lehighon, Pa 18235**
9. Effective Date: April 14, 2003