

## 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 this Notice carefully.

This Privacy Notice is being provided to you in compliance with a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Notice describes how the Center may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations, and for other purposes permitted or required by law. It also describes your right, in some cases, to access and control your PHI. Your 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 the Center that relates to your past, present or future physical or mental health or condition.

### I. Uses and Disclosures of Protected Health Information

The Center may use your PHI for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your PHI may be used or disclosed only for these purposes unless the Center has obtained your authorization or the use and disclosure is otherwise permitted by the HIPAA privacy regulations or by state law.

- A. Treatment: The Center will use and disclose your PHI to provide, coordinate and manage your health care and any related services. This includes coordination or management of your health care with a third party for treatment purposes. For example, the Center may disclose your PHI to a pharmacy to fill a prescription. The Center may also disclose PHI to practitioners who may be caring for you at the Center. In some cases, the Center may also disclose your PHI to an outside provider for purposes of the treatment activities of the other provider.
- B. Payment: Your PHI will be used, as needed, to obtain payment for services provided to you at the Center. This may include communications with your health insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. The Center may also need to disclose your PHI to your health insurance company in order to demonstrate the medical necessity of the services provided, as required by your insurance company for utilization review and in order to be paid for services provided. The Center may disclose your PHI to another provider involved in your care for this other provider's own payment activities. For example, the Center may disclose demographic information about you to anesthesia care providers for their own payment activities.
- C. Operations: The Center may use or disclose your PHI, as necessary, for its own health care operations. Health care operations include such activities as quality assessment and improvement activities, employee review, training programs, accreditation, compliance reviews, business management and general administrative activities. In certain instances, the Center may also disclose patient information to another provider or health plan for their health care operations.

D. Other Uses and Disclosures: The Center may disclose your protected PHI to remind you of your surgery appointment or to discuss health-related insurance matters.

II. Uses and Disclosures other than Treatment, Payment and Health Care Operations Permitted Without Authorization or Opportunity to Object

Federal privacy rules allow the Center to use or disclose your PHI without your permission or authorization for a number of reasons, including:

A. When Legally Required: The Center will disclose your PHI when it is required to do so by any federal, state or local law.

B. When There are Risks to Public Health: The Center may disclose your PHI for the following public activities and purposes:

1. To prevent, control or report disease, injury or disability, as permitted by law.
2. To report vital events such as birth or death as permitted or required by law.
3. To conduct public health surveillance, investigations and interventions as permitted or required by law.
4. To collect or report adverse events and product defects, track FDA-regulated products, enable product recalls, repairs or replacements, and conduct post-marketing surveillance.
5. To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease, as authorized by law.

C. To Report Suspected Abuse, Neglect or Domestic Violence: The Center may notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. The Center will make this disclosure only when specifically required or authorized to do so by law or when the patient agrees to the disclosure.

D. To Conduct Health Oversight Activities: The Center may disclose your PHI to a health oversight agency for activities including audits; civil, administrative or criminal investigations, proceedings or actions; inspections; licensure or disciplinary action; or other activities necessary for appropriate oversight as authorized by law. The Center will not disclose your PHI under this authority if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits.

E. In Connection with Judicial and Administrative Proceedings: The Center may disclose your PHI in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal as expressly authorized by such order, or in response to a signed authorization. In certain circumstances, the Center may disclose your PHI in response to a subpoena to the extent authorized by state law if we receive satisfactory assurances that reasonable efforts have been made to notify you of the request or obtain a protective order.

F. For Law Enforcement Purposes: The Center may disclose your PHI to a law enforcement official for law enforcement purposes as follows:

1. As required by law for reporting of certain types of wounds or other physical injuries.
2. Pursuant to a court order, court-ordered warrant, subpoena, summons or similar process.
3. For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
4. Under certain limited circumstances, when you are the victim of a crime.
5. To a law enforcement official if the Center has a suspicion that your health condition was the results of criminal conduct.
6. In an emergency, to report a crime.

G. To Coroners and Funeral Directors, and for Organ Donation: The Center may disclose PHI to a coroner or medical examiner for identification purposes, to determine cause of death, or for the coroner or medical examiner to perform other duties authorized by law. The Center also may disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his or her duties. The Center may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for organ, eye or tissue donation purposes.

H. For Research Purposes: The Center may use or disclose your PHI for research when an institutional review board that has reviewed and approved the research proposal and protocols to address the privacy of your PHI.

I. In the Event of a Serious Threat to Health or Safety: The Center may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if we believe, in good faith, that such use or disclosure is necessary to prevent or decrease the likelihood of a serious and imminent threat to your health or safety, or to the health and safety of the public.

J. For Specified Government Functions: In certain circumstances, federal regulations authorize the Center to use or disclose your PHI to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions and law enforcement custodial situations.

K. For Workers' Compensation: The Center may release your health information to comply with workers' compensation laws or similar programs.

III. Uses and Disclosures Permitted Without Authorization but With Opportunity to Object

The Center may disclose your PHI to your family member or a close personal friend if it is directly relevant to the person's involvement in your surgery or in payment for your surgery. The Center also can disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures or if we can infer from the circumstances that you do not object, or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosures of information that is directly relevant to the person's involvement with your care, we may disclose your PHI as described.

#### IV. Uses and Disclosures You Authorize

Other than as stated above, the Center will not disclose your PHI other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization. The Center specifically requires your written authorization for marketing or sale of your PHI.

#### V. Your Rights

You have the following rights regarding your health information:

- A. The Right to 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 PHI. A "designated record set" contains medical and billing records, and other records that your surgeon and the Center use for making decisions about you. If information in a designated record set is maintained electronically, you may request an electronic copy in a form and format of your choice that is readily producible or, if the form/format is not readily producible, you will be given a readable electronic copy.

However, under federal law, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or for use in, a civil, criminal or administration action or proceeding; and PHI that is subject to a law that prohibits access to PHI. Depending on your circumstances, you may have the right to have a decision to deny access reviewed.

The Center may deny your request to inspect or copy your PHI if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced with the information. You have the right to request a review of this decision.

To inspect or copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last page of this Privacy Notice. If you request a copy of your information, the Center may charge you a fee for the costs of copying, mailing or other costs incurred by the Center in responding to your request.

Please contact the Center's Privacy Officer if you have questions about access to your medical record.

- B. The Right to Request a Restriction on Uses and Disclosures of Your PHI: You may ask us not to use or disclose certain parts of your PHI for the purposes of

treatment, payment or health care operations. You also may request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

The Center is not required to agree to a restriction you may request unless your request relates to a disclosure to a health plan for items or services that were paid in full by you or by someone other than the health plan and the disclosure is not required by law. The Center will notify you if we deny your request to a restriction. If the Center does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.

C. The Right to Request to Receive Confidential Communications From Us by Alternative Means or at an Alternative Location.

You have the right to request that the Center communicates with you in certain ways. The Center will accommodate reasonable requests. The Center may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. The Center will not require you to provide an explanation for your request. Requests must be made in writing to the Center's Privacy Officer.

D. The Right to Request Amendments to Your PHI

You may request an amendment of PHI about you in a designated record set for as long as the Center maintains this information. In certain cases, the Center may deny your request for an amendment. If the Center denies your request for amendment, you have the right to file a statement of disagreement with the Center and the Center may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Requests for amendment must be in writing and must be directed to the Center's Privacy Officer. In this written request, you must provide a reason to support the requested amendment(s).

E. The Right to Receive an Accounting

You have the right to request an accounting of certain disclosures of your PHI made by the Center. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. The Center is not required to account for disclosures you requested, disclosures to which you agreed by signing an authorization form, disclosures to friends or family members involved in your care or certain disclosures the Center is permitted to make without your authorization. The request for an accounting must be made in writing to the Center's Privacy Officer. The request should specify the time period sought for the accounting. Accounting requests may not be made for periods of time in excess of six years. The Center will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

F. The Right to Obtain a Paper Copy of This Notice.

Upon request, the Center will provide a separate paper copy of this Notice even if you have already received a copy of the Notice or have agreed to accept this Notice electronically.

IX. Our Duties

The Center is required by law to maintain the privacy of your health information and report to you any breach of unsecured PHI. The Center is also required to provide you with this Notice of our duties and privacy practices, and shall abide by terms of this Notice as may be amended from time to time. The Center reserves the right to change the terms of this Notice and make the new Notice provisions effective for all future PHI we maintain.

IX. Complaints

You have the right to express complaints to the Center and to the Secretary of the US Department of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the Center by contacting the Center's Privacy Officer verbally or in writing, using the contact information below. The Center encourages you to express any concerns you may be regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

VIII. Contact Person

The Center's contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice may be requested by contacting the Privacy Officer. If you feel that your privacy rights have been violated by the Center, you may submit a complaint to the Privacy Officer by sending it to:

New Britain Surgery Center, LLC  
ATTN: Privacy Officer  
1200 Manor Dr., Suite 40  
Chalfont, PA 18914

The Privacy Officer may be contacted by phone at 267-954-1200.

IX. Effective Date

This Notice is effective as of month day, 2017.