

NOTICE OF PRIVACY PRACTICES
SOUTHGATE SURGERY CENTER

EFFECTIVE DATE: 06/04/10 REVISED 09/23/13

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact our Privacy Officer at the contact information listed on Page 4.

Your medical information is personal. We are committed to protecting your medical information. We create a record of the services you receive here to provide you with quality care and to comply with certain legal requirements. This Notice applies to all the records of your care generated by our facility whether made by your personal physician or one of the facility's employees.

This Notice will tell you about the ways in which we may use and disclose your medical information. This Notice will also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to be sure that medical information that identifies you is kept private, to give you this Notice of our legal duties and privacy practices with respect to medical information about you, and to follow the terms of the Notice that is currently in effect.

How the Southgate Surgery Center May Use and Disclose Your Medical Information. The following describes the different ways that your medical information may be used or disclosed by our facility. For clarification, we have included some examples. Not every possible use or disclosure is specifically mentioned. However, all of the ways we are permitted to use and disclose your medical information will fit within one of these general categories:

Treatment We will use medical information about you to provide you with medical treatment and services. We may disclose medical information about you to doctors, nurses, technicians and other facility personnel who are involved in providing your medical treatment. We will ask for your permission before we disclose your health information that is about HIV or AIDS, mental health treatment, genetic testing, or substance abuse treatment.

Payment We may use and disclose information about you so that the treatment and services you receive at our facility may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received here so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. You may restrict certain disclosures of your medical information to a health plan where you pay out of pocket in full for the health care item or service.

Health Care Operations We may use and disclose medical information about you for facility operations. These uses and disclosures are necessary to run our facility and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in providing care for you. We may also combine information about many of our patients to decide what additional services the facility should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, and other personnel for review and learning purposes. We may remove information that identifies you from this set of medical

information so others may use it to study health care and health care delivery without learning the identify of the specific patients.

Appointment Reminders We may use and disclose information to contact you as a reminder that you have an appointment for treatment or medical care at our facility. Unless you object, we will leave messages for you on an answering machine or with someone who answers the telephone. You can ask us to use other methods and we will comply.

Treatment Alternatives We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Research Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one procedure to those who received another for the same condition.

As Required By Law We will disclose information about you when required to do so by federal, state or local law. For example, disclosure may be required by Worker's Compensation statutes and various public health statutes in connection with required reporting of certain diseases, child abuse and neglect, domestic violence, adverse drug reactions, etc.

To Avert a Serious Threat to Health or Safety We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Health Oversight Activities We may disclose information to a governmental or other oversight agency for activities authorized by law. For example, disclosures of your medical information may be made in connection with audits, investigations, inspections, and licensure renewals, etc.

Lawsuits and Disputes We may disclose information for judicial or administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies.

Law Enforcement We may release information about you if required by law when asked to do so by a law enforcement official.

Coroners and Medical Examiners We may release medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

Unless you object, we will also share relevant information about your care with your family or friends who are involved in your care. Decedent's family and/or friends will have access or may request copies of decedent's medical records when these individuals were involved in providing care or payment for care and we are unaware of any expressed preferences to the contrary.

Your Rights Regarding Your Medical Information You have the following rights regarding the medical information our facility maintains about you:

Right to Inspect and/or Receive a Copy You have the right to inspect and receive a copy your medical information within 30 days of your request. By law, we can have one 30-day extension of the time for us to give you access or copies if we send you a written notice of the extension. If electronic copies are requested and are

available, you will be provided with access to the electronics information in the electronic form and format requested, if it is readily producible, or, if not, in a readable electronic form and format as agreed to by you and the Surgery Center. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may submit a written request that the denial be reviewed.

To inspect and/or request a copy your medical information, or for information regarding a denial review, submit your written request to our Privacy Officer at the address listed on Page 4.

Right to Transmit You have the right to request transmission of a copy of your medical information directly to another person you designate. The request must be made in writing to our Privacy Officer at the address listed on Page 4. It must be signed by the requesting individual and clearly identify the designated person and where to send the copy of the medical information. We may charge a fee for the cost of copying, mailing or other supplies associated with your request.

Right to Amend If you feel that medical information we have about you is incorrect or incomplete, you may ask us, in writing, to amend the information. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information and to others that you specify. If we do not agree, you can write a statement of your position and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30-day extension of time to consider a request for amendment if we notify you in writing of the extension.

To request an amendment, submit your writing request to our Privacy Officer at the address listed on Page 4.

Right to an Accounting of Disclosures You have the right to request a list of the disclosures that we have made of your medical information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations, disclosures with your authorization, incidental disclosures, disclosures required by law and some other limited disclosures. You are entitled to one list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law, we may have one 30-day extension of time, if we notify you of the extension in writing.

To request this accounting of disclosures, submit your written request to our Privacy Officer at the address listed on Page 4.

Right to Request Restrictions You have the right to request a restriction or limitation on the use or disclosure we make of your medical information. We are not required to agree to your request for a restriction. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, submit your written request to our Privacy Officer at the address listed on Page 4.

Right to Request Confidential Communications You have the right to request that we communicate with you only in a certain manner. For example, you can ask that we only contact you by phone or by mail. We will accommodate all reasonable requests, if you pay us for any extra cost.

To request confidential communications, submit your written request to our Privacy Officer at the address listed on Page 4.

Right to Restrict Fundraising Communication You have the right to opt out of any fundraising communications. To opt out of fundraising communications, submit your written request to our Privacy Officer at the address listed at the bottom of Page 4.

Right to a Paper Copy of this Notice You have the right to see or get a paper copy of this Notice. You may also obtain a copy of this Notice at our website, www.southgatesurgery.com. To obtain a paper copy of this Notice, contact our Privacy Officer at the address listed on Page 4.

Revisions to This Notice We reserve the right to revise this Notice. Any revised Notice will be effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of any revised Notice in our facility and on our website. Any revised paper Notice will contain the effective date on the first page.

Other Uses of Medical Information Other uses and disclosures of your medical information not covered by this Notice of Privacy Practices will be made only with your written authorization. If you provide us such an authorization in writing to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. You should send your revocation to our Privacy Officer at the address listed on Page 4. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization.

Breach Notification Southgate Surgery Center will notify affected individuals should there be a breach of patient's information such as unauthorized requisition, access, use or disclosure of unsecured/secured protected health information (PHI) without unreasonable delay but not later than 60 days after discovery.

Complaints If you believe your privacy rights have been violated, you may file a written complaint with our facility or with the Secretary of the Department of Health and Human Services, Office of Civil Rights. Our facility will not penalize you in any way for filing a complaint. To file a written complaint with our facility, contact our Privacy Office at the address listed below. If you prefer, you can discuss your complaint in person or by phone.

Southgate Surgery Center, ATTN: Privacy Officer, 14050 Dix-Toledo Road, Southgate, MI 48195
(734) 281-0100