

Notice of Privacy Practices

Golden Ridge Surgery Center

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Your personal medical information is private

Golden Ridge Surgery Center understands how important your personal medical information is to you. We know that you are concerned with how that information might be used, the way in which it is disclosed and how you can access the information. That is why we have put this document in your hands. It is why the "Privacy Practices" outlined here are so important and why we want to pledge our commitment, at the onset, to respect your personal medical information.

Our pledge to you

We understand that your medical information is personal and confidential. We create a medical record of the care you receive because it is our legal obligation, but more importantly because we want to provide you with quality care. Please know that we are committed to protecting your personal medical information from any use for which it was not intended.

In short, the law requires us to:

- Keep your medical information private
- Notify you of our legal duties and privacy practices with respect to your medical information
- Follow the terms of the most current notice

What this notice is all about

The information in this document applies to all of your medical records whether created by our facility staff or your personal doctor. Please understand that your personal doctor may have different policies or notices regarding the use and disclosure of medical information created in his or her office. This notice will tell you about the specific ways Golden Ridge Surgery Center may use and disclose your medical information. This notice also describes your rights and the duties we have regarding the use and disclosure of your medical information.

Adhering to privacy practices

The US Department of Health and Human Services sponsored the Health Insurance Portability and Accountability Act (HIPAA). HIPAA dictates the medical information privacy practices that health care organizations and their partners are obligated to follow. Golden Ridge Surgery Center provides health care to our patients in partnership with many physicians, other professionals and organizations.

This notice describes Golden Ridge Surgery Center practices and that of:

- Any health care professionals who treat you
- All departments and units of our organization
- All employed associates or staff of our organization. This includes staff at our sponsor organizations with which we may share information

Be assured that all these individuals and organizations understand that the privacy of your medical information is important, and will be following HIPAA guidelines to ensure that your information is used only as it is intended.

How your personal medical information can be used and disclosed

The following is a list of ways in which your personal medical information can be used and disclosed as allowed by HIPAA provisions. Be assured that we will use your information in the most discreet manner.

- Disclosure for health related purposes
- We may use and disclose your medical information for the health care related purposes including:
 - Treatment, such as sending your medical information to a specialist as part of a referral
 - Obtaining payment for treatment, such as sending billing information to your insurance company or Medicare
 - Supporting out health care operations, such as comparing patient data to improve treatment methods
 - Communication with business partners so they may help us to do our jobs. These business partners are required by contract and law to comply with the provisions of HIPAA and protect your rights as we do.

Disclosure to other organizations

Subject to certain requirements, we may give out your personal medical information to other organizations without prior authorization:

- Public health resources
- Research studies
- Emergencies
- Abuse or neglect reporting
- Workers Compensation purposes
- Health oversight audits and inspections

Disclosure to legal agencies

We are also required to disclose medical information when required by law in response to:
Requests from law enforcement agencies in specific circumstances

- Valid judicial or administrative orders
- The government, if you are in the military or a veteran
- National security and intelligence activities
- Protective services for President and others

Disclosure to family, friends and others

We may disclose medical information about you to:

- A friend or family member who is involved in your care
- Someone who helps pay for care
- Disaster relief authorities to notify your family of your location and condition

Childhood Immunizations

We may disclose proof of immunizations to schools requiring proof prior to admission so long as we have an informal agreement from the patient or patient representative documented.

Disclosures requiring authorization

We are required to obtain authorization from you before using or disclosing your medical information for the purpose of the following activities:

- Disclosure of psychotherapy notes
- Marketing activities from which we would benefit financially
- Sale of protected health information
- Fundraising activities

Disclosures in special circumstances

In any other situation not covered by this notice, we will ask for your written authorization before disclosing your medical information. If you chose to authorize use or disclosure you can later revoke that authorization by notifying us in writing.

Your Rights

Can you see a copy of your medical information?

In most cases you have the right to review and obtain a copy of the medical information we use to make decisions about your care by submitting a written request. If we deny your request to review or obtain a copy, you may submit a written request for review of that decision.

What if your medical records are inaccurate?

If you believe that information in your record is incorrect or if important information is missing, you have the right to request correction of the records by submitting a request in writing along with your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information we maintained; if it is not part of the information you would be permitted to review or copy; or if we determine that the record is accurate. You may appeal, in writing, a decision by us not to amend a record.

Can you know with whom we have shared your records?

You have the right to a list of those instances where we have disclosed your medical information, other than for treatment, payment, healthcare operations or where you specifically authorized a disclosure by submitting a written request. The request must state the time period desired for the accounting, which must be less than a 6 year period and start after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12 month period is free; other requests may incur a charge. We will inform you of the cost before you incur any expense.

Can you specify the way in which we communicate your medical records to you?

You have the right to request that your medical information to you in a confidential manner. Your request must specify how or where you wish to be contacted. We will attempt to honor all requests.

Can you request your medical information only be released with your permission?

You may request in writing that we do not disclose your medical information for treatment, payment and healthcare operations, or to persons involved in your care except when specifically authorized by you, or when required by law or in an emergency. All written requests must tell us (1) what information you want to limit; (2) whether you want to limit our use or disclosure; and (3) to whom you want the limits to apply. Unless your request is to restrict disclosing your medical information for health care services for which you pay out of pocket in full to your health plan, we will consider your request, but are not legally required to agree to it. We will inform you of our decision on your request.

If you've received this notice electronically, can you receive a paper copy?

You have a right to a paper copy of this notice. You may view or print a copy of the notice at our website www.goldenridgesurgerycenter.com

Will the policies in this notice change?

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. When we make a significant change to our policies, we will change this notice and post the current notice in our facility and on our website. The notice will contain the effective date. In addition, you will be offered a copy of the current notice each time you register for a new visit.

If you are concerned that your privacy rights may have been violated or disagree with a decision we made about access to your records, you may contact Melodie Garrobo at 303-963-1507. You may also send a written complaint to the US Department of Health and Human Services Office for Civil Rights. Under no circumstance will you be penalized or retaliated against for filing a complaint.