

Effective Date of this Notice: April 14, 2003

EAST TENNESSEE AMBULATORY SURGERY CENTER

NOTICE OF PRIVACY PRACTICES

As required by the Privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS FACILITY) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

A. OUR COMMITMENT TO YOUR PRIVACY

Our facility is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our facility concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at that time.

We realize that these laws are complicated, but we must provide you with the following important information.

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our facility. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that our facility has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our facility will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Privacy Officer: Emma Chapman, East Tennessee Ambulatory Surgery Center
701 Med-Tech Parkway
Johnson City, TN 37604
(423) 283-7302

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your IIHI.

1. Treatment: Our facility may use your IIHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our facility- including, but not limited to, our doctors and nurses- may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children, or parents. Finally, we may disclose your IIHI to other health care providers for purposes related to your treatment.

2. Payment: Our facility may use and disclose your IIHI in order to bill and collect payment for services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.

3. Health Care Operations: Our facility may use and disclose your IIHI to operate our business. As examples of ways in which we may use and disclose your information for our operations, our facility may use your IIHI to evaluate the quality of care you received from us, or to conduct cost management and business planning activities for our facility. We may disclose your IIHI to other health care providers and entities to assist in their health care operations.

4. Appointment Reminders: Our facility may use and disclose your IIHI to contact you and remind you of an appointment.

5. Treatment Options: Our facility may use and disclose your IIHI to inform you of potential treatment options or alternatives.

6. Health-Related Benefits and Services: Our facility may use and disclose your IIHI to inform you of health-related benefits or services that might be of interest to you.

7. Disclosures Required By Law: Our facility will use and disclose your IIHI when we are required to do so by federal, state, or local law.

D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public Health Risks: Our facility may disclose your IIHI to public health authorities that are authorized by law to collect information for purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury, or disability
- notifying a person regarding potential exposure to a communicable disease or notifying a person regarding a potential risk for spreading or contracting a disease or condition.
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled or notifying appropriate government agency(ies) and authority(ies) regarding potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

2. Health Oversight Activities: Our facility may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings: Our facility may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information that the party has requested.

4. Law Enforcement: We may release your IIHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena, or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including location or victim(s) of the crime, or the description, identify or location of the perpetrator)

5. Deceased Patients: Our facility may release your IIHI to a medial examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Organ and Tissue Donation: Our facility may release your IIHI to organizations that handle organ, tissue, and eye procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ **donor**.

7. Research: Our facility may use and disclose your IIHI for research purpose in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when Internal, Review Board, or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the IIHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without access to and use of the IIHI.

8. Serious Threats to Health or Safety: Our facility may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety of health or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Military: Our facility may disclose your IIHI if you are a member of the U.S or foreign military forces (including veterans) and if required by the appropriate authorities.

10. National Security: Our facility may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

11. Inmates: Our facility may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

12. Workers' Compensation: Our facility may release your IIHI for workers' compensation and similar programs

E. NOTICE OF ORGANIZED HEALTH CARE ARRANGEMENT

East Tennessee Ambulatory Surgery Center, the independent practitioners on our Medical Staff (including your physician), and other related health care providers are permitted by law to share your health information among themselves for purposes of treatment, payment, and health care operations.

Federal law also provides that the above referenced parties may participate in an "Organized Health Care Arrangement" for the purpose of jointly providing a single privacy notice for all care delivered while you are a patient at our facility. This enables us to better address your health care needs and to reduce administrative paperwork. This arrangement does not create any joint business relationship between our facility and the independent practitioners on our Medical Staffs (including your physician), or other related health care providers. This notice is being provided to you as a supplement to the Notice of Privacy Practices already given to you by the facility and by your health care provider.

F. YOUR RIGHTS REGARDING YOUR IIHI

You have the following rights regarding the IIHI that we maintain about you:

1. Confidential Communications: You have the right to request that our facility communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request to the Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. Our facility will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting Restrictions: You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in the use or disclosure of your IIHI, you must make your request in writing to the Privacy Officer. Your request must describe in a clear and concise fashion:

- a) the information you wish restricted;
- b) whether you are requesting to limit the facility's use, disclosure, or both; and
- c) to whom you want the limits to apply

3. Inspection and Copies: You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Privacy Officer in order to inspect and/or obtain a copy of IIHI. Our facility may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Our facility may deny your request to inspect and/or copy in certain limited circumstances; however you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment: You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our facility. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. You must provide us with a reason that supports your request for amendment. Our facility will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion (a) accurate and complete; (b) not part of the IIHI kept by or for the facility; (c) not part of the IIHI which you would be permitted to inspect or copy; or (d) not created by our facility, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures: All of our patients have the right to request an “accounting of disclosures”. An “accounting of disclosures” is a list of certain non-routine disclosure our facility has made of your IIHI for non-treatment, non-payment, or non-operations purposes. Use of your IIHI as part of the routine patient care in our facility is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. Also, we are not required to document disclosure made pursuant to an authorization signed by you. In order to obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer. All request for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclose and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our facility may charge you for additional lists within the same 12-month period. Our facility will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice: You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the Privacy Officer.

7. Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with our facility or with the Secretary of the Department of Health and Human Services. To file a complaint with our facility, contact the Privacy Officer. We urge you to file your complaint with us first and give us the opportunity to address your concerns. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to Provide an Authorization for Other Uses and Disclosures: Our facility will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact the Privacy Officer.