

# Notice of Privacy Practices

Effective 4/14/03

**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 notice is to advise you of your rights as a patient, how to exercise those rights, to explain how we may use medical information concerning you and when we can share your information with others. This information will be referred to throughout this notice as **Private Health Information (PHI)**. If you have any questions about this notice, please contact the BPSC Privacy Officer.

## HOW WE MAY USE AND SHARE YOUR PROTECTED HEALTH INFORMATION

We are permitted by law to use or share your PHI without your consent if it is for treatment, payment, or health care operations.

### TREATMENT

PHI may be shared with other doctors, nurses, technicians, or other caregivers who provide medical treatment or services to you. For example, we might share PHI with Central Baptist Hospital when providing a service to you.

### PAYMENT

PHI may also be used to disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company or a third party. In order to bill and collect payment from the proper party, we may provide your medical information to our business associates such as billing companies, claims processing companies, and others that process our health care claims. For example, we may need to give your health plan information about surgical services you received so that your health plan will pay us or reimburse you for the services. We may also share information with your health insurance about a surgery you are going to receive to obtain prior approval or to determine whether your plan will cover treatment.

### HEALTH CARE OPERATIONS

PHI may be used or disclosed in the course of the operation of the surgery center. These uses and disclosures are necessary to run our facility and make sure that all of our patients receive quality care. For example, your PHI may be disclosed to review our services and evaluate our staff's performance; to legal and other consultants who assist us in complying with laws and meeting quality and accreditation standards; and in order to conduct cost management and planning analysis related to managing and operating our surgery center.

**There are also state and federal laws that require us to release your PHI to others. We may be required to provide PHI for the following reasons:**

- Information may be reported to state and federal agencies that regulate us such as the U.S. Department of Health and Human Services.
- Information may be shared for public health activities. An example would be reporting information to the Food and Drug Administration for investigation and tracking of public health risks, prescription drug and medical device problems.
- Information may also be shared with a Health Oversight Agency for activities authorized by law such as audits, investigations, inspections, licensure, and disciplinary actions.
- Information may be used or shared for procurement, banking or transplantation of organs, eyes, or tissue.
- Information may be used to report job-related injuries because of state worker's compensation laws.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information:

1. **RIGHT TO INSPECT AND COPY.** You have the right to inspect and receive copies of your medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.
2. **RIGHT TO AMEND.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment, if the information is kept by, or for, BPSC.
3. **RIGHT TO AN ACCOUNTING OF DISCLOSURES.** You have the right to request an accounting of disclosures. This is a list of the disclosures we made regarding medical information about you.  
**Exclusions:** The list will not include: disclosures made for treatment, payment, or healthcare operations; disclosures made directly to you; disclosures authorized by you pursuant to a signed authorization; disclosures made for national security or intelligence purposes, and disclosures for correctional institutions and for other law enforcement purposes. The list will not include disclosures before April 14, 2003.
4. **RIGHT TO REQUEST RESTRICTIONS.** You have the right to request a restriction or limitation on the medical information we use or disclose about your treatment, payment or health care operations. You also have the right to request a limit on medical information we disclose about you to someone who is involved in your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. *However, we are not required to grant your request.* If we do grant your request, we will comply with your request unless the information is needed to provide emergency medical treatment.
5. **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS.** You have the right that we communicate with you about medical matters in a certain way or at a certain location. For example, you may request that we only contact you at work or by mail. We will not ask you the reason for your request and we will try to accommodate all reasonable requests. Please specify how or where you wish to be contacted.
6. **RIGHT TO PAPER COPY OF THIS NOTICE.** You have the right to obtain a paper copy of this notice.

### PROCEDURE:

If you wish to act on any of your rights above please submit your request in writing to:

Baptist-Physicians' Surgery Center  
Attn: Privacy Officer  
1720 Nicholasville Rd., Suite 101  
Lexington, KY 40503

### REPORTING VIOLATIONS OF YOUR PRIVACY RIGHTS

If you believe your privacy rights have been violated, you may file a complaint with our company or the Department of Health and Human Services. To file a complaint with our company, please contact the Privacy Officer. All complaints must be submitted in writing to the address above. You will not be penalized for submitting a complaint.