



NOTICE OF PRIVACY PRACTICES

West Plains Ambulatory Surgery Center

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.

How We May Use and Disclose Health Information About You

For Treatment, We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, or other personnel who are involved in taking care of you and your health. For example, a laboratory may request information about you to complete lab work. We also may disclose information to covered entities that are not affiliated with the hospital for your treatment (e.g., pharmacists, emergency medical providers, and radiology labs).

For Payment, We may use and disclose your medical information to bill and receive payment for the treatment you receive. For example, we may use or disclose your medical information to your insurance company about a service you received so that your coinsurance company can pay us or reimburse you for the service. We may also ask your insurance company for prior authorization for a service to determine whether the insurance company will cover it. We may also disclose your information so other covered entities may obtain payment for treatment they provide (radiology, lab, or other medical services).

For Healthcare Operations, We can use and disclose medical information about you for our operations. These include uses and disclosures that are necessary to make sure our patients receive quality care. We may examine your information to evaluate the performance of our stay caring for you. Other examples include chart auditing and data collection.

Appointment Reminders, We may contact you as a reminder that you have an appointment for treatment or medical care. Please notify us if you do not wish to be contacted for appointment reminders.

Uses and Disclosures of Medical Information that do not Require your Authorization, We can use or disclose health information about you without your authorization when there is an emergency, when we are required by law to treat you, when we are required by law to use or disclose certain information, or when there are substantial communication barriers to obtaining consent from you. As allowed by the regulations, we may use or disclose your health information without your authorization in the following circumstances:

- When it is required by law
- To disclose information for judicial and administrative proceedings in accordance with state and/ or federal law, or in response to a court order.
- When it involves use and disclosure for public health activities, such as mandated disease reporting, etc.
- When reporting information about victims of abuse, neglect or domestic violence
- When disclosing information about deceased persons to medical examiners, coroners and funeral directors
- For organ, eye, or tissue donation
- When disclosing information for the purpose of health oversight activities, such as audits, investigations, licensure or disciplinary actions or legal proceedings.
- To disclose information for law enforcement purposes
- When disclosure is necessary to comply with worker's compensation laws or purposes
- When we believe that the disclosure is necessary to avert a serious health or safety threat to you or the public's safety
- When required by military command authorities
- If you are an inmate of a correctional institution, we may disclose information necessary for your health and the health and safety of others.
- For specialized government functions, such as national security or intelligence activities
- We may use or disclose your health information to contact you and to remind that you have an appointment for medical treatment or medical care.
- We may send postcards as gestures to you.
- With your approval, we may disclose your protected health information to others designated by you involved in your care in order to facilitate that person's involvement in caring for you.

Planned Uses or Disclosures to Which You May Object, We will use or disclose your health information for the purposes described in this section unless you object to or otherwise restrict a particular release. You must direct your written objections or restrictions to the Administrator (Angie Worley).

Other Uses and Disclosures, Uses and Disclosures not covered in this Notice of Privacy Practices will not be made without your written authorization. If you provide us written authorization to use or disclose information, you can change your mind and revoke your authorization at any time, as long as it is in writing. If you revoke your authorization, we will no longer use or disclose the information. However, we will not be able to take back any disclosures that we have made pursuant to your previous authorization.

Your Rights with Respect to Health Information

Right to Request Restrictions, You have the right to request that we restrict use or disclosure of your health information. We are obligated to determine if the request is reasonable and appropriate. After analysis, we may determine that the requested restrictions cannot be honored. If we do agree to adhere to your restrictions, we will comply with your request unless the information is needed to provide you with treatment. Requests to restrict uses or disclosures must be made in writing to, West Plains Surgery Center. Your request must indicate what information you want limited, whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply.

Right to Receive Information in Certain Form and Location, You have the right to receive information about your health in a certain form and location. For instance, you can request that we not contact you at work. To request confidential communications, you must make your request in writing to the Administrator of West Plains Surgery Center. We will accommodate reasonable requests.

Right to Inspect and Copy PHI, You have the right to inspect and copy your protected health information that may be used to make decisions about your care. If you want a copy of your medical information, you must sign a Records Request or submit a written request to the Administrator

Right to Request Amendment to PHI, You have a right to request that your protected health information be amended. To request an amendment in your information, you must submit a written request to the Administrator. This written request must include why you want the information amended and why you believe the information is incorrect or incomplete. We can deny your request if it is not in writing and if it does not include a reason why the information should be amended. We can also deny your request for the following reasons: (1) the information was not created by West Plains Ambulatory Surgery Center, unless the person or entity that did create the information is no longer available; (2) the information is not part of the medical record kept by West Plains Surgery Center; (3) the information is not part of the information that you would be permitted to inspect and copy; or (4) we believe the information is accurate and complete.

Right to an Accounting of Disclosures, You have the right to receive an accounting of disclosures of medical information that we have made, with some exceptions. You must submit your request in writing to the Administrator. Your request must state the time period that may not be longer than six years and may not include dates before April 14, 2003. You should indicate how you want the information reported to you. You have the right to receive a free accounting every twelve months. If you request more than one accounting in a twelve month period, we may charge you a reasonable fee for the costs of providing that list. We will notify you of the charge for such a request.

Right to Receive a copy of the Notice of Privacy Practices, You have a right to a paper copy of the Notice of Privacy Practices. To obtain a copy of this notice, please contact the Administrator.

Complaints, If you believe that we have violated your privacy rights or have not adhered to the information contained in this Notice of Privacy Practices, you can file a complaint by putting it in writing and sending it to:
Angie Worley, Administrator, West Plains Surgery Center, 1401 Doctors Drive, West Plains, MO 65775, 417-256-1400.
You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at 1-800-368-1019 or 1-800-537-7697 (TDD), or view the web-site: <http://www.hhs.gov/ocr/howtofileprivacy.pdf>. You will not be retaliated against for filing a complaint with West Plains Surgery Center or U.S. Department of Health and Human Services.

Changes to this Notice of Privacy Practices, We reserve the right to change or modify the information contained in this Notice of Privacy Practices. Any changes that we make can be elective for any health information that we have about you and any information that we might obtain. Each time you receive services from West Plains Surgery Center we will have available the most current copy of our Notice of Privacy Practices.