

Each time you visit a surgery center, hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment and billing-related information. This notice applies to all of the records of your care generated by the facility, whether made by facility personnel, agents of the facility, or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

#### **OUR RESPONSIBILITIES**

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice.

#### **USES AND DISCLOSURES**

The following is a description of what we are permitted or required to use or disclose your protected health information.

**Payment and Health Care Operations.** We have the right to use and disclose your protected health information for all activities that are included within the definitions of "payment" and "health care operations" as defined in the HIPAA Privacy Rule.

**Payment.** We will use or disclose your protected health information to fulfill our responsibilities for coverage and providing benefits as established under Forest Landing Surical Center ("FLSC"). For example, we may disclose your protected health information when a provider requests information regarding your eligibility for benefits, or may use your information to determine if a treatment that you received was medically necessary.

**Health Care Operations.** We will use or disclose your protected health information to support our business functions. These functions include, but are not limited to: quality assessment and improvement, reviewing provider performance, licensing, business planning, and business development. For example, we may use or disclose your protected health information: (i) to provide you with information about a disease management program; (ii) to respond to a customer service inquiry from you; (iii) in connection with fraud and abuse detection and compliance programs, or (iv) to survey you concerning how effectively the Plan is providing services, among other issues.

**Business Associates.** We contract with service providers – called business associates – to perform various functions on its behalf. For example, we may contract with a service provider to perform the administrative functions necessary to pay your medical claims. To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose protected health information, but only after Forest Landing Surical Center and the business associate

agree in writing to contract terms requiring the business associate to appropriately safeguard your information.

**Organized Health Care Arrangement.** The OHCA members may share your protected health information with each other to carry out payment and health care activities.

**Other Covered Entities.** We may use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain health care operations. For example, we may disclose your protected health information to a health care provider when needed by the provider to render treatment to you, and we may disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing, or credentialing. This also means that FLSC may disclose or share your protected health information with other health care programs or insurance carriers (such as Medicare, Prudential, etc.) in order to coordinate benefits, if you or your family members have other health insurance or coverage.

**Required by Law.** We may use or disclose your protected health information to the extent required by federal, state, or local law.

**Public Health Activities.** We may use or disclose your protected health information for public health activities that are permitted or required by law. For example, we may use or disclose information for the purpose of preventing or controlling disease, injury, or disability, or it may disclose such information to a public health authority authorized to receive reports of child abuse or neglect. We also may disclose protected health information, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

**Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and government agencies that ensure compliance with civil rights laws.

**Lawsuits and Other Legal Proceedings.** FLSC may disclose your protected health information in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized). If certain conditions are met, we may also disclose your

protected health information in response to a subpoena, a discovery request, or other lawful process.

**Abuse or Neglect.** We may disclose your protected health information to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence.

Additionally, as required by law, if we believe you have been a victim of abuse, neglect, or domestic violence, we may disclose your protected health information to a governmental entity authorized to receive such information.

**Law Enforcement.** Under certain conditions, we also may disclose your protected health information to law enforcement officials for law enforcement purposes. These law enforcement purposes include, by way of example, (1) responding to a court order or similar process; (2) as necessary to locate or identify a suspect, fugitive, material witness, or missing person; or (3) as relating to the victim of a crime.

**To Prevent a Serious Threat to Health or Safety.** Consistent with applicable laws, we may disclose your protected health information if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We also may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military.** Under certain conditions, FLSC may disclose your protected health information if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, we may disclose, in certain circumstances, your information to the foreign military authority.

**National Security and Protective Services.** We may disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.

**Workers' Compensation.** We may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

**Others Involved in Your Health Care.** We may disclose your protected health information to a friend or family member that is involved in your health care. We also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your protected health information, then, using professional judgment, we may determine whether the disclosure is in your best interest.

**Disclosures to the Secretary of the U.S. Department of Health and Human Services.** We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.

**Disclosures to You.** We are required to disclose to you or your personal representative most of your protected health information when you request access to this information. We will disclose your protected health information to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant law. Prior to such a disclosure, however, we must be given written documentation that supports and establishes the basis for the personal representation. We may elect not to treat the person as your personal representative if it has a reasonable belief that you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; treating such person as your personal representative could endanger you; or we determine, in the exercise of its professional judgment, that it is not in your best interest to treat the person as your personal representative.

#### **OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide FLSC with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that we have used or disclosed in reliance on the authorization.

#### **CONTACTING YOU**

FLSC (or its health insurance issuers, HMOs, or third-party administrators) may contact you about treatment alternatives or other health benefits or services that might be of interest to you.

#### **YOUR RIGHTS**

The following is a description of your rights with respect to your protected health information.

**Right to Request a Restriction.** The HIPAA Privacy Rule provides that you may request a restriction on the protected health information we use or disclose about you for payment or health care operations. It also provides that you have a right to request a limit on disclosures of your protected health information to family members or friends who are involved in your care or the payment for your care. FLSC is not required to agree to any such restrictions that you

request, and currently it is the policy of FLSC not to agree to any such restrictions.

**Right to Request Confidential Communications.** If you believe that a disclosure of all or part of your protected health information may endanger you, you may request that we communicate with you in an alternative manner or at an alternative location. For example, you may ask that all communications be sent to your work address. You may request a confidential communication using the Contact Information at the end of this Notice. Your request must specify the alternative means or location for communication with you. It also must state that the disclosure of all or part of the protected health information in a manner inconsistent with your instructions would put you in danger. We will accommodate a request for confidential communications that is reasonable and that states that the disclosure of all or part of your protected health information could endanger you.

**Right to Request Access.** You have the right to inspect and copy protected health information that may be used to make decisions about your benefits. You must submit your request in writing. For your convenience, you may request a form using the Contact Information at the end of this Notice. If you request copies, we may impose reasonable copy charges (which may include a labor charge), as well as postage if you request copies be mailed to you. Note that under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some, but not all, circumstances, you may have a right to have this decision reviewed.

**Right to Request an Amendment.** You have the right to request an amendment of your protected health information held by FLSC if you believe that information is incorrect or incomplete. If you request an amendment of your protected health information, your request must be submitted in writing using the Contact Information at the end of this Notice and must set forth a reason(s) in support of the proposed amendment. In certain cases, Spars Surgical may deny your request for an amendment. For example, we may deny your request if the information you want to amend is accurate and complete or was not created by FLSC. If we deny your request, you have the right to file a statement of disagreement. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

# NOTICE OF PRIVACY PRACTICES

Effective Date: January 31, 2013

**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.**

**If you have any questions about this notice, please contact the Facility Privacy Official by dialing the main surgery center number listed below.**



FLSC-(01/2020)

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