

RENUE SURGERY CENTER OF WAYCROSS

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

OUR LEGAL DUTY

We are required by applicable federal law to maintain the privacy of your individually identifiable health information (IIHI). We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your IIHI. We must follow the terms of the notice of privacy practices that we have in effect at the time. This notice takes effect April 14, 2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. Any revision or amendment to this notice will be effective for all of 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 a visible location at all times.

You may request a copy of our most current Notice at any time. For more information, about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this notice.

USES AND DISCLOSURES OF IIHI

We use and disclose IIHI about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your IIHI to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your IIHI to obtain payment for services we provide to you.

Healthcare Operations: We may use or disclose your IIHI in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your IIHI for treatment, payment or healthcare operation, you may give us written authorization to use your IIHI to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

To Your Family and Friends: We must disclose your IIHI to you, as described in the Patient Rights section of this Notice. We may disclose your IIHI to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care: We may use or disclose IIHI to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to your use or disclosure of your IIHI, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose IIHI based on a determination using our professional judgment disclosing only IIHI that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of IIHI.

Marketing Health-Related Services: We will not use your IIHI for marketing communications without your written authorization.

Required by Law: We may use or disclose your IIHI when we are required to do so by law.

Abuse or Neglect: We may disclose your IIHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your IIHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the IIHI of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials IIHI required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected IIHI of an inmate or patient under certain circumstances.

Appointment Reminders. We may use or disclose your IIHI to provide you with appointment reminders (such as voicemail messages, postcards or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your IHI, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your IHI. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies, staff time and postage, if applicable. You may also request access by sending us a letter to the address at the end of this Notice. If you request an alternative format, we will charge a cost-based fee for providing your IHI in that format. If you prefer, we will prepare a summary or an explanation of your IHI for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

Disclosure & Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your IHI for purposes other than treatment, payment, healthcare operations and certain other activities for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Requesting Restriction: You have the right to request a restriction in our use or disclosure of your IHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IHI 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** unless the disclosure is to a health plan for purposes of payment for healthcare services or healthcare operations. In this case we must agree to your request; however, you must have paid us in full "out of pocket" in order for us to grant the disclosure. We are not required to agree to your request if it relates to your treatment; 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 our use or disclosure of your IHI, you must make your request in writing to the address at the end of this Notice. Your request must describe in a clear and concise fashion:

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

Alternative Communication: You have the right to request that we communicate with you about your IHI by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your IHI. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our website or by electronic mail (email), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your IHI or in response to a request you made to amend or restrict the use or disclosure of your IHI or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to privacy of your IHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Elizabeth Turk
Telephone: (912) 280-9977
Fax: (912) 280-9995
Address: 2500 Starling Street, Suite 603; Brunswick, GA 31520