

HIPAA Notice of Privacy Practices

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 of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information, to file HIPAA complaints, and to receive a copy of this notice. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

Uses & Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our Outpatient Surgery Center (OPS) staff, and others outside of our surgery center that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the surgery center, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a surgical procedure may require that your relevant protected health information be disclosed to the health plan to obtain approval for the procedure.

Health Operations: We may use or disclose, as needed, your protected health information, in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of nursing and technical staff, licensing, and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when it is

time to ready you for your procedure. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. In addition, we may use or disclose your protected health information, as necessary, to contact you after your procedure to inquire about your condition.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent, Authorization or Opportunity to Object unless required by law. Your PHI will not be used or disclosed for marketing purposes without your written authorization.

You may revoke this authorization, at any time in writing except to the extent that your physician or this Outpatient Surgery Center has taken an action in reliance on the use or disclosure indicated in this authorization.

Your Rights

Following is a statement of your rights with respect to your protected health information.

You have the right to access, inspect, and copy your protected health information. Under federal law, however, 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.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this

Notice or Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. All requests must be made in writing.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You have the right to have your physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints

You may complain to us or the Secretary of Health and Human Services if you believe your HIPAA or privacy rights have been violated. You may file a complaint by notifying our privacy officer and HHS. We will not retaliate against you for filing a complaint.

Contact U.S. Department of Health & Human Services:
Online: Office for Civil Rights Complaint Portal:
<https://ocrportal.hhs.gov>
Mail: U.S. Department of Health & Human Services Office for Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201
Phone: 1-800-368-1019
Email: OCRComplaint@hhs.gov

Contact the Privacy Officer of Trinity Surgery Center:
Joseph Nguyen
Phone: 408-620-1532 Extension 515
Email: jnguyen@trinity-surgery.com

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