

## *East Tennessee Ambulatory Surgery Center*

### Notice of Privacy Practices for Protected Health Information

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!**

Our facility is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

#### **Examples of uses of your health information for treatment purposes are:**

- An ETASC employee obtains information about your past medical history or treatment and records it in a health record.
- During the course of your treatment, the physician determines he would like the opinion of another physician about some aspect of your case. For instance, he may want to discuss your treatment options with another physician, radiologist or pathologist, resulting in the sharing of your information to obtain their input.
- During the course of your post surgical treatment, the physician may determine you would benefit from physical therapy, nutritionist or other health care provider, your physician will share your information to develop the best treatment plan for you.

#### **Example of use of your health information for payment purposes:**

- We submit requests for payment to your health insurance company. The health insurance company request information from us regarding your medical condition and the treatment you received to determine if they will pay for your care. We will provide information to them about you and the care given.

#### **Example of use of your information for health care operations:**

- We may do audits of our patients' records to try to improve how we care for our patients or to assure we are billing correctly. We will share information about you with the employees doing the audits.
- We may obtain services from business associates such as quality assessment, quality improvement outcome evaluations, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such business associates as necessary to obtain these services. However, we will require all our business associates to respect your privacy rights.

#### **Patient Rights and Responsibilities – Patient Rights**

- To receive treatment without discrimination as to race, color, religion, sex, national origin or source of payment. In situations where this office does not participate with a particular insurance carrier, the patient may choose to receive services, understanding that they are responsible for the cost of those services.
- To receive considerate and respectful care in a clean, safe environment, free of unnecessary restraints.
- To understand the indications for a specific procedure.
- To receive all information necessary to give informed consent for any procedure, including the possible risks and benefits to a procedure.
- To receive complete information about your diagnosis, planned treatment, and prognosis. When it is medically inadvisable to give such information to the patient, the information will be provided to a person designated by the patient or to a legally authorized person.

- To participate in all decisions involving your health care, except when such participation is contra – indicated for medical reasons.
- To be assured of the privacy and confidentiality of your medical records and the integrity of all information and records regarding your care.
- To approve or refuse the release of your medical records except as required by law.
- To be aware of fees for services and the billing process.
- To refuse treatment and be told what effect this may have on your health. To complain without fear of reprisals, about the care and services you receive in this facility.
- To be assured of the safe use of equipment by trained personnel.
- To refuse to participate in experimental research.

#### **Patient Rights and Responsibilities – Patient Responsibilities**

- To provide the health care providers with information about any past illnesses, hospitalizations, medications, and other health matters
- To ask questions if you do not understand instructions or explanations given by the health care providers and/or staff.
- To keep appointments as scheduled and to telephone the office in case of cancellation.
- To follow health care providers instructions and plan of treatment.
- To make payments for services rendered if a balance remains after insurance pays.
- To discuss the consequences of refusing treatment, not adhering to a plan of treatment, or leaving AMA (Against Medical Advice) with your physician.
- To refuse to participate in experimental research, if that is their desire.
- To refuse to allow care from a student or trainee, if that is their desire.

### **Your Health Information** **Rights**

**The health and billing records we maintain are the physical property of ETASC. You have the following rights with respect to your Protected Health Information.**

1. Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted.
2. Obtain an additional paper copy of the Notice of Privacy Practices for Protected Health Information (Notice) by making a request at our office.
3. Except in certain circumstances, you have a right to inspect and copy your health record and billing record. You may exercise this right by delivering the request in writing to our office using the form we will provide to you. You may appeal a denial of access to your protected health information.
4. Right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we will provide to you. We are not required to make such amendments, but we will inform you of the reason you request was denied. You may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached to all future disclosures of your protected health information.
5. Right to receive an accounting of disclosures of your health information by delivering a written request to our office using the form we will provide to you. An accounting will not include internal use of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.
6. Right to confidential communication by requesting that communication of your health information is made in alternative means or at an alternative location by delivering the request in writing to our office using the form we will provide to you.

If you want to exercise any of the above rights, please contact:

**Emma Chapman, Office Manager, 701 Med Tech Parkway, Suite 100, Johnson City, TN 37604 (423-610-6350)**

You may contact either in person or in writing, during normal hours. We will provide you with assistance on the steps to take to exercise your rights.

## **Our Responsibilities**

The Facility is required to:

- Maintain the privacy of your health information as required by law.
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you.
- Abide by the terms of this Notice.
- Accommodate your reasonable requests regarding methods to communicate health information with you.
- Accommodate your request for an accounting of disclosures.

We reserve the right to amend, change, or eliminate provisions in our privacy and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our Notice or by visiting our office and picking up a copy.

## **Advance Directives**

Do you have an Advanced Directive? YES \_\_\_\_\_ NO \_\_\_\_\_

I understand that a copy of the Advanced Directive must be on file in order for the Facility to honor it.

Do you want more information regarding Advanced Directives? YES \_\_\_\_\_ NO \_\_\_\_\_

## **To request information or File a Complaint**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact the manager listed above. Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering a written complaint to *Compliance Officer, ETASC, 701 Med Tech Parkway, Suite 100, Johnson City, Tn 37604*. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services whose street address is:

Department of Health and Human Services  
Office of Civil Rights  
200 Independence Ave. S.W.  
Washington, D. C. 20201

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment from our Facility.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

## **Following is a list of Other Use and Disclosures Allowed by the Privacy Rule**

### **Patient Contact**

We may contact you to provide you with information relating to scheduling changes, abnormal test results or other information about other health related benefits and services of interest to you.

### **Notification – Opportunity to Agree or Object**

Unless you object: Appointments, scheduling and normal or expected laboratory results or X-ray reports may be left on your home phone answering machine or with an adult family member who answers that number

Unless you object: We will give your spouse the same information that we would give directly to you.

Unless you object: We will telephone or fax prescriptions to the pharmacy you designate and discuss with the pharmacist any information that will help ensure the medication is used properly and safely.

Unless you object: We may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care about your location, your general condition, or your death.

Unless you object or in an emergency: Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment of such care.

Unless you object: We may use and disclose your protected health information to assist in disaster relief efforts.

### **Opportunity to agree or Object Not Required**

#### **PUBLIC HEALTH ACTIVITIES**

**Controlling Disease-** As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Child Abuse & Neglect -** We may disclose protected health information to public authorities as allowed by law to report child abuse or neglect.

**Food and Drug Administration (FDA) –** We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, Products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

#### **VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE**

We can disclose protected health information to governmental authorities to the extent the disclosure is authorized by statute or regulation and in the exercise of professional judgment the doctor believes the disclosure is necessary to prevent serious harm to the individual or other potential victim.

#### **OVERSIGHT AGENCIES**

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities to include audits, civil, administrative or criminal investigations, inspections, licensures or disciplinary actions, and for similar reasons related to the administration of healthcare.

#### **JUDICIAL/ ADMINISTRATIVE PROCEEDINGS**

In the course of any judicial or administrative proceeding, we may disclose only the expressly authorized portion of your PHI as allowed or required by law. In addition, your PHI may be released in response to a subpoena, discovery request or other lawful process as directed by a proper court order or administrative tribunal.

#### **LAW ENFORCEMENT**

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting of certain types of wounds or other physical injury.

#### **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS**

We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

#### **ORGAN PROCUREMENT ORGANIZATIONS**

Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of donations and transplant.

#### **RESEARCH**

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**THREAT TO HEALTH AND SAFETY**

To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to health or safety of a person or the public.

**FOR SPECIALIZED GOVERNMENTAL FUNCTIONS**

We may disclose your protected health information for specialized government functions authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance programs personnel.

**CORRECTIONAL INSTITUTIONS**

If you are an inmate of a correctional institution, we may disclose to the institution or its agents their protected information necessary for your health and the health and safety of other individuals.

**WORKERS COMPENSATION**

If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

**Other Uses and Disclosures**

- Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization which you may revoke except to the extent information or action has already been taken.

**Website**

- An up-to-date copy of this document, and other documents, may be found on our website at [www.etasc.com](http://www.etasc.com)

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