



## **Saratoga Surgical Center** **Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **Introduction:**

At Saratoga Surgical Center, we are committed to treating and using protected health information about you in a responsible manner. This Notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective August 5, 2015 and applies to all protected health information as defined by federal regulations.

### **Understanding Your Health Record/Information:**

Each time you visit Saratoga Surgical Center, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and care provided, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

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

Although your health record is the physical property of Saratoga Surgical Center, the information belongs to you. You have the right to:

- Inspect and copy your health record as provided for in 45 CFR 164.524,
- Amend your health record as provided in 45 CFR 164.528,

- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Receive communications of your protected health information,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. You should be aware that Saratoga Surgery Center is not required to agree to a requested restriction,
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Our Responsibilities:**

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to protected health information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. You may obtain a revised Notice of privacy practices by calling the office and requesting a revised copy be sent to you or asking for one at the time of your next appointment.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

### **For More Information or to Report a Problem**

If have questions and would like additional information, you may contact Saratoga Surgical Center's Privacy Officer at (361) 452-5460.

If you believe your privacy rights have been violated, you can file a complaint with the ASC's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the Privacy Officer and/or OCR is listed below:

#### ***Privacy Officer***

Saratoga Surgical Center  
6214 Saratoga Blvd Bldg 6  
Corpus Christi, TX 78414

#### ***Office for Civil Rights***

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

### **Examples of Disclosures for Treatment, Payment and Health Operations**

*We will use your health information for treatment.*

**For example:** Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. We may use and disclose medical information about you to doctors, nurses, technicians, or other health care professionals who are involved in taking care of you. Health care professionals may also

share medical information in order to coordinate the different services you need, such as lab work and x-rays, or the provision of prescription(s).

*We will use your health information for payment.*

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*We will use your health information for regular health operations.*

**For example:** Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

*Business associates:* There are some services provided in our organization through contacts with business associates. Examples include: Experior Software Company, Credit Bureau, transcription service, and consultants. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*Appointment and Patient Recall Reminders:* We may ask that you sign in at the Receptionist's desk on the day of your appointment at Saratoga Surgical Center. We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care with Saratoga Surgical Center or that you are due to receive periodic care from the ASC. This contact may be by phone, in writing, e-mail, and may involve leaving an e-mail, a message on an answering machine, or otherwise which could (potentially) be received or intercepted by others.

*Emergencies:* We may use or disclose your protected health information in an emergency situation. If this happens, your physician will try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

*Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

*Communication with family:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, the health information relevant to that person's involvement in your care or payment related to your care.

*Research:* With your authorization, 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 health information.

*Organ procurement organizations:* Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

*Marketing:* We may contact you about treatment alternatives, other health-related benefits or services that may be of interest to you.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Workers compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

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

*Law enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that Saratoga Surgical Center staff member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

***Saratoga Surgical Center will do everything possible to ensure your privacy. Maintaining both the confidentiality and the privacy of our patient's personal and medical information is of utmost importance to the staff of Saratoga Surgical Center.***



## Saratoga Surgical Center Acknowledgement of Receipt of Privacy Notice

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I have been presented with a copy of Saratoga Surgical Center's **Notice of Privacy Policies**, detailing how my information may be used and disclosed as permitted under federal and state law. I understand the contents of the Notice, and if I have a request for restriction(s) concerning the use of my personal medical information, I will submit my request in writing to the Privacy Officer of Saratoga Surgical Center.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If not signed by the patient, please indicate your relationship to the patient  
(e.g. spouse, parent)

Relationship: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

### **IF PATIENT REFUSES TO SIGN, DOCUMENT YOUR ATTEMPT TO OBTAIN A SIGNATURE.**

Patient refused to sign this Acknowledgement.

Other \_\_\_\_\_

Date \_\_\_\_\_ Time: \_\_\_\_\_

Employee Name \_\_\_\_\_