

- Correctional institution. Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of other individuals.
- State Requirements. Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs.

#### **OTHER USES OF MEDICAL INFORMATION**

In any other situation not covered by this notice, we will ask you for your written authorization before using or disclosing your medical information. If you choose to authorize us to use or disclose your health information, you can later revoke that authorization by notifying us in writing of your decision, except to the extent that action has already been taken by us upon an authorization given to us.

#### **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

Although your health record is the property of HPSC the entity that created it, you have the right to:

- Request a restriction, in writing\*, on certain uses or disclosures of your medical information for treatment, payment or health care operations, with the exception of emergency situations.
- We will inform you of our decision on your request, **but we are not legally required to agree to a requested restriction.** We will inform you of our decision on your request.

- Inspect and obtain a copy of your medical information, in most cases.
- Request in writing\*, an amendment to your records if you believe the information in your record is incorrect or important information is missing. We could deny your request to amend a record if the information was not created by us, maintained by us, or if we determine the record is accurate. You may appeal, in writing, a decision by us not to amend a record.
- Obtain an accounting of disclosures stating who and where your health information has been disclosed for purposes other than treatment, payment, health care operations (TPO) or where you specifically authorized a use or disclosure in the past six (6) years, but not prior to April 14, 2003. The request must be in writing and state the time period desired for the accounting\*. After the first request, there may be a charge.
- Request that medical information about you be communicated to you in a confidential way or at an alternative location but you must specify how or where you wish to be contacted.

\*All written requests or appeals should be submitted to our Privacy Official listed at the bottom of this notice.

#### **CHANGES TO THIS NOTICE**

HPSC has the right to change this notice at any time. We have the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will also post a copy of the current notice at our HPSC location.

The notice will contain the effective date. In addition, you may request a copy of the current notice each time you register with HPSC for treatment or health care services.

#### **COMPLAINTS**

If you have questions or would like additional information or if you believe your privacy rights have been violated, you can contact the HPSC Privacy Officer via mail or call (806) 776-4772. You may also file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights, 200 Independence Avenue, S.W., Washington, DC 20201. Filing a complaint will not negatively affect the treatment or coverage that you receive.

#### **PRIVACY OFFICIAL**

Name: James A. Bell  
Privacy Officer  
Address: 3610 22nd Street  
Lubbock, Texas 79410  
Phone: (806) 776-4772



## *Notice of Privacy Practices*

Effective 11/06/06

## High Plains Surgery Center NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used and disclosed and how you can get access to this information.

### PLEASE REVIEW IT CAREFULLY

#### WHO DOES THIS NOTICE APPLY TO?

HPSC provides health care to our patients and clients in partnership with other professionals and organizations. The following people will follow these privacy practices:

- Any HPSC health care professional authorized to enter information into your chart.
- All HPSC departments and units.
- Any member of a volunteer group that is authorized by HPSC to help you.
- All HPSC employees, staff and other personnel.
- Any business associate with whom HPSC shares health information.

#### OUR RESPONSIBILITY TO YOU REGARDING YOUR MEDICAL INFORMATION

We understand that medical information about you is personal. We are committed to protecting your private medical information. In an effort to provide the highest quality medical care and to comply with certain legal requirements, we will and are required to:

- Keep your medical information private.
- Provide you with a copy of this notice.
- Follow the terms of this notice.
- Notify you if we are unable to agree to a restriction that you have requested.
- Accommodate your reasonable requests to communicate health information by alternative means or at alternative locations.

#### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We may use and disclose your medical information for **TPO**:

1. For your **treatment**: such as sending medical information about you to a specialist as part of a referral,
2. To obtain **payment** for your treatment: such as sending billing information to your insurance company or Medicare,
3. To support our health care **operations**: such as comparing patient data to improved treatment methods.

#### EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT OR OPERATIONS (TPO).

**Treatment:** Information received by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine your course of treatment. We will also provide your physician or a subsequent healthcare provider with copies of reports to assist him or her in treating you.

**Payment:** A bill may be sent to you or an insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used in your treatment.

**Operations:** HPSC employees, staff, and physicians 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 services we provide.

#### HOW WILL MY INFORMATION BE USED?

- We may contact you for **appointment reminders**, or to tell you about or recommend **possible treatment options, alternatives, health-related benefits or services** that may be of interest to you.
- We may contact you to solicit support for certain **fundraising activities**. (You will have an opportunity to refuse or opt-out of receiving this information upon the first contact by us.)
- We **will release** medical information about you to a family member, friend, or any other person that is **involved** in your medical care. We **will not release** medical information about you to a family member, friend, or any person that is **not involved** in your medical care. We may give information to those that you identify as responsible for payment of your care.

#### WE MAY USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU WITHOUT YOUR PRIOR AUTHORIZATION FOR SEVERAL OTHER REASONS.

Subject to certain requirements, we may give out medical information about you without your prior authorization for the following purposes:

- **Research.** We may use and disclose medical information about you for research purposes. All research projects are subject to a special approval process through the appropriate HPSC committee.
- **Law.** We may disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances or in response to valid judicial or administrative orders.

- **Public health.** We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability, child abuse or neglect, etc. as required by law.
- **Business associates.** There are some services provided in our organization through contracts with business associates (ie. we may disclose medical information about you to a company who bills insurance companies on our behalf to enable that company to help us obtain payment for the health care services we provide). To protect your health information we require the business associate to appropriately safeguard your information.
- **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, of your location and general condition.
- **Funeral directors.** We may disclose health information to funeral directors consistent with applicable law for them to carry out their duties.
- **Organ donation.** Consistent with applicable law, we may disclose health information to organ procurement organizations for the purpose of tissue donation and transplant.
- **Food and Drug Administration (FDA).** We may disclose to the FDA health information relative to adverse events.
- **Workers' Compensation.** We may disclose health information necessary to comply with laws relating to Workers' Compensation or other similar programs established by law.