

## SOUTH MIAMI ASC, LLC

### Notice of Health Information 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.

#### **Introduction**

At South Miami ASC, we are committed to treating and using your protected health information responsibly. Under federal and state law, your patient health information is protected and confidential. This Notice of Health Information Practices describes the personal health information we collect and how and when we use or disclose that information. It also describes your rights and our responsibilities as they relate to your protected health information.

#### **Understanding your Health Record/Information**

Each time you visit the South Miami ASC, a record of your visit is made. Typically, this record contains your demographic information, medical history, procedure notes, test results, diagnoses, prescription copies, discharge instructions and signed consents. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means for nursing to contact you for follow-up.
- Legal document describing the care you received, and consents you have given.
- Means by which a third-party payer (e.g., your insurance company) can verify who you are, and that services billed were actually provided.
- Source of information for public health officials charged with improving the health of this state and the nation (such as FDA).
- Means by which a pathology lab can process and bill for biopsy samples.
- Means by which we can assess and continually work to improve the care we render at our facility, 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.

#### **Uses and Disclosures of your Health Information**

As described above, your health information is used for a number of different and important purposes. In some circumstances, we may use or disclose your health information without seeking your permission. The following are some examples of ways your information may be used or disclosed:

Treatment: We will use and disclose your health information for medical treatment purposes. For example, your doctors and nurses will update your medical record and use it to determine the best course of care. Additionally, your information may be disclosed to other health care providers involved in your treatment, or to the pharmacist who will be filling your prescriptions.

Payment: We will use and disclose your health information for payment purposes. For example, we will use your health information to prepare and submit bills and we may need to submit information to your insurance company to obtain authorization prior to providing certain types of treatment.

Health Care Operations: We will use and disclose your health information to conduct our standard internal operations. For example, we may use or disclose your health information to conduct quality assessment and improvement activities and for business management and other general administrative activities.

Special Uses: We may use your information to contact you with appointment reminders or to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Other Uses or Disclosures: We may use or disclose your health information for the following purposes without your consent and, in some cases, we may be required to do so:

- *Required by Law*: We may be required to disclose your health information to certain legal authorities if it relates to suspected crimes, abuse, neglect, or similar injuries or events.
- *Public Health Activities*: We may be required to disclose your health information to public health officials for purposes of collecting vital statistics, information related to disease control, federal regulation of food and drug quality and safety, etc.
- *Health Oversight*: We may be required to disclose your health information to certain regulatory authorities for purposes of oversight the health care system, government benefits programs, and regulatory compliance investigations or audits.
- *Judicial and Administrative Proceedings*: We may disclose your health information in response to a lawful subpoena, discovery request, or court order.

- *Deaths:* We may disclose information relating to deaths to coroners, medical examiners, funeral directors, or organ donation agencies.
- *Serious Threat to Health or Safety:* We may disclose your health information if necessary to prevent or lessen a serious threat to the health or safety of a person or the public.
- *Military and Special Government Forces:* If you are a member of the armed forces, we may disclose your information to appropriate military command authorities at their request. Additionally, we may disclose information to a correctional institution or law enforcement official as required for the care, health and safety of inmates and/or employees of the correctional institution.
- *Research:* In appropriate situations, we may disclose your health information for approved medical research.
- *Workers' Compensation:* We may disclose your health information in compliance with workers' compensation laws or similar programs.

State-Specific Requirements. Florida has separate privacy laws that apply additional legal requirements. We will follow the Florida law requirements.

**Other Uses and Disclosures**

There are special regulations on certain health information including psychotherapy, substance abuse, mental health, genetic testing, reproductive health, and HIV/AIDS. As the surgery center does not generally treat such conditions, our records in these areas will be incidental to other health records which we may receive from other providers. Nevertheless, we will not disclose these types of records without specific written authorization. In any other situation not identified in this notice, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you decide to authorize the use or disclosure of your health information, you may later revoke such authorization, as provided by 45 CFR § 164.508(b)(5), to prevent the future use or disclosure of your health information in this way.

**Your Health Information Rights**

Although your health record is the physical property of South Miami ASC, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your health information for treatment, payment, health care operations, or other permitted purposes, as provided by 45 § CFR 164.522(a). Please note, however, that we are not required to agree to the requested restriction, except for a request to restrict disclosures to a health plan if the disclosure is for payment or health care operations purposes and pertains solely to a health care item or service for which you (or someone on your behalf) have paid your health care provider out of pocket in full.
- Receive confidential communications of your health information, as provided by 45 § CFR 164.522(b).
- Inspect and copy your health record as provided by 45 CFR § 164.524.
- Amend your health record as provided in 45 CFR § 164.526.
- Receive an accounting of disclosures of your health information as provided in 45 CFR § 164.528.
- Obtain a paper copy of this health notice of information practices upon request.

**Our Responsibilities**

South Miami ASC is required by law to:

- Maintain the privacy of your health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of the notice of health information practices currently in effect.
- Notify you of any breach of your health information that we are required by law to report to you.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide a revised notice to you at your next visit should you request one.

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

If you have questions and would like additional information regarding our privacy practices, you may contact the Administrator, Peter Clayton at 305-598-1555.

If you believe your privacy right has been violated, you can file a complaint as above with the Office for Civil Rights, U.S. Department of Health and Human Services. You will not be penalized in any way for filing a complaint. The address for the OCR is listed below:

*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

**PATIENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_