

NOTICE OF PRIVACY PRACTICES

TALLGRASS SURGICAL CENTER, LLC

This Notice of Privacy Practices is effective as of April 14, 2003

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.

UNDERSTANDING YOUR MEDICAL INFORMATION - HOW IT IS USED & HOW IT MAY BE SHARED WITH OTHERS: Certain laws require that we give you "Notice" of what we do with your health information. What we do with your health information - called our privacy practices - are contained within this "Notice." This "Notice" applies to the protected health information gathered by our office and all its employees, staff and volunteers. Your personal doctor, other health care providers, or your health insurance plan may have different privacy policies or "notices" regarding the use and disclosure of your health information that are created by them away from this office.

CONTACT PERSON IF YOU HAVE QUESTIONS: If you have any questions about this notice or our privacy practices relating to your health information please contact the following person:

Erica King-Mercer, RHIT – Privacy Officer
6001 SW 6th Ave., Suite 100, Topeka, KS 66615
(785) 228-4712

WHAT IS YOUR HEALTH RECORD/ INFORMATION?

Each time you receive medical care from a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains a history of your illnesses or injuries, symptoms, exam & laboratory results, treatment provided and treatment plans, and notes on future care. Depending on your health care situation your record may contain more or different information. How your health information is used is described on the following pages.

WHAT ARE THE RESPONSIBILITIES OF THIS OFFICE WHEN IT COMES TO YOUR HEALTH INFORMATION?

This office is required by law to:

- keep your health information private and only disclose it when required to do so by law;
- explain our legal duties and privacy practices in connection with your health records;
- obey the rules found in this notice;
- inform you when we are unable to agree to a requested restriction that you have given us;
- follow your reasonable request for an different way of sending or sending your health information to a different place than it is usually sent.

We will not use or disclose your health information without your permission, except as explained in this notice or as required by law. Certain laws may require that we disclose your health information without your permission. We must follow those laws.

WHAT ARE YOUR HEALTH INFORMATION RIGHTS? Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you.

YOU HAVE THE RIGHT TO:

• **Right to Inspect and Obtain a Copy Your Records** . You have the right to inspect and obtain a copy of certain health information that is used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes, information that is made to be used a court or legal proceeding, information that is subject to special laws or other information not contained in the medical or billing records. To inspect or obtain a copy of your health information you must submit a written request to the Contact Person. If you request a copy, we may charge a reasonable fee as allowed by law for copying, including labor & supplies, and the cost of postage. *We may deny your request* to inspect and copy in certain very limited circumstances. Certain reasons for the

denial are not reviewable and some are reviewable. If you are denied access to health information you will be told in writing. In certain circumstances, however, you may request that the denial be reviewed. If you request a review another person chosen by the office will review your request and the denial. We will follow the review decision.

• **Right to Amend Your Records.** If you feel that health information we have about you is wrong or not complete, you may ask us to amend / change it. You have the right to ask for a change for as long as the information is kept by or for this office. To request a change, your must make your request in writing and submit to the office's contact person. In addition, you must provide a reason why you want it changed. *We may deny your request* for a change if it is not in writing or does not include a reason for the change. In addition, we may deny your request if you ask us to change information that: (1) was not created by this office, unless who created the information is no longer available; (2) is not part of the health information kept by or for the office; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is accurate and complete.

• **Right to an Accounting of Disclosures.** An "accounting" is a list to whom we gave your health information. In certain circumstances you may request this list. To request this list, you must submit your request in writing to the office's contact person listed on page 1. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. You should tell use in what form you want the list (for example, on paper, electronically or some other form). You can have one list each year at no cost. You will be charged for any additional lists within that one year period.

• **Right to Request Restrictions.** You have the right to ask us that we restrict some part of your health information. You also have the right to ask that we limit the health information we share about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that (1) we not use or disclose information about a surgery you had or (2) that certain people not be told of certain information. *We are not required to agree to your request.* Only the Privacy Official can agree to your request others cannot.. If we agree, we will tell you in writing and follow your request unless the information is needed to provide you emergency treatment. We may end any restriction if you agree to end it or if we inform you that we are ending our agreement to the restriction. You may also end any restriction.. To request restrictions or limitations, you must make your request in writing to the Contact Person. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to others.

• **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You can ask that we only contact you at work or by mail. We will accommodate all reasonable requests. Your request must state how or where you wish to be contacted. To make such a request, you must make your request in writing to the Contact Person. We will not ask you the reason for your request. We may ask you for clarification so we can understand your request. You are not required to give an explanation.

• **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice you may contact the office's contact person listed on page 1. You may also obtain a copy of this notice at our website, www.tallgrasstopeka.com.

HOW WILL WE USE AND GIVE OUT YOUR HEALTH INFORMATION?

• **For Treatment.** We may use health information about you to provide you with medical treatment or services. We may give your health information to doctors, nurses, technicians, medical students, or other office staff or personnel who are involved in taking care of you. **For example,** a doctor treating you for a broken bone may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell a dietitian if you have diabetes so that appropriate meals can be arranged. Different departments of the office may share health information about you in order to coordinate the different services you need, such as prescriptions, lab work and x-rays. We also may disclose health information about you to people outside the office who may be involved in your medical care while you are in the office or after you leave the office, such as other doctors, health care workers, family members, or others.

• **For Payment.** We may use or give out your health information so that the treatment and services you receive at the office may be billed to and payment obtained from you, an insurance company or a third party. **For example,** we may need to give your health insurance company information about treatment you received at the office so you or this office can be paid. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval to determine whether your plan will cover the treatment. This may include filing statutory liens to collect amounts owed to us for your treatment, care, and maintenance.

• **For Health Care Operations.** We may use or give out your health information for office operations that are necessary to run the office and make sure that all of our patients receive quality care. **For example,** we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many office patients to decide what additional services the office should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other office personnel for review and learning purposes. We may combine the health information we have with health information from other offices to compare how we are doing and see where we can make improvements in the care that we offer. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who the specific patients are. Examples are cancer and trauma registries. Additional "health care operations" reasons include activities relating to improving health or reducing health care costs, protocol development, care management, training, accreditation, certification, licensing, credentialing or related activities, underwriting and other insurance related functions, medical review and auditing functions, including fraud and abuse detection and compliance programs, conducting or arranging for legal services for the office, its staff or personnel, business planning and development, business management and general administrative activities, and internal grievance resolution.

• **Appointment Reminders.** We may use your health information to contact you, a family member or friend involved in your health care or as authorized by you to remind you of an appointment at our office. We may also leave a reminder on your answering machine/voice mail system unless you tell us not to.

• **Treatment Alternatives.** We may use or give out your health information to let you know about possible treatment options or alternatives that may be of interest to you.

• **Health-Related Benefits and Services.** We may use or give out health information to tell you about health-related benefits or services that may be of interest to you.

• **Office Directory.** We may include certain limited information about you in the office directory while you are a patient at the office. This information may include your name, location in the office, your general condition (e.g., fair, stable, etc.) and your religious affiliation. This directory information, except for your religious affiliation, may also be given to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the office and generally know how you are doing. If you do not want to be included in the

office directory you must tell us by notifying the Contact Person.

• **Individuals Involved in Your Care or Payment for Your Care.** We may give out health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the office. In addition, we may give out your health information as part of a disaster relief effort so that your family knows about your condition, status and location. The amount of information disclosed will depend on that person's particular involvement in your care. If you do not want this information shared with others you must tell us by notifying the Contact Person listed on page 1.

• **Research.** Under certain circumstances, we may use and give out your health information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific health needs, so long as the health information they review does not leave the office. If a researcher wants your name, address, and other information, we will almost always ask your permission before they contact you.

• **As Required By Law.** We will give out your health information when required to do so by federal, state or local law - we do not need your permission to do this. This may include reporting of communicable diseases, wounds, abuse, disease/trauma registries, or health oversight matters.

• **To Avert a Serious Threat to Health or Safety.** We may use and give out your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

• **Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle collection or transplants of organ, eye or tissue or to an organ donation bank, as necessary to help with the organ or tissue donation and transplantation.

• **Military and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

• **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs relating to work-related injuries or illness so your medical bills can be paid.

• **Public Health Activities.** We may give out your health information without your permission to protect the public health. This generally includes the following: to prevent or control disease, injury or disability (e.g. disease or trauma registries); to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required by law.

• **Health Oversight Activities.** We may give out your health information without your permission to a health oversight agency for activities authorized by law. This includes, for example, audits, investigations, inspections, and licensure. These government activities are necessary to monitor the health care system, government programs, licensing functions, and compliance with certain laws.

• **Lawsuits and Disputes.** If you are involved in a lawsuit or in a dispute, we may give out or disclose health information in response to a court or administrative order. We may also give out your health information in response to a court or administrative order even if you are not involved in the lawsuit or dispute. We may be required to give out your health

information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information they want or as otherwise permitted by law.

- **Law Enforcement.** We may give out your health information if asked to do so by a law enforcement official: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at the office; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients of the office to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

OTHERS USES AND DISCLOSURES - REVOKING PREVIOUS PERMISSION TO USE OR DISCLOSE YOUR HEALTH INFORMATION:

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. For certain disclosures of your information you must complete an "authorization" form and submit it to us. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. To revoke any permission already given to us or permission given to us in the future you must revoke that permission in writing by sending it to the contact Person listed on page 1. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

WHAT SHOULD YOU DO IF YOU HAVE A COMPLAINT CONCERNING YOUR PRIVACY RIGHTS OR PRIVACY ISSUES?

If you believe your privacy rights have been violated, you may file a complaint with the office or with the Secretary of the Department of Health and Human Services.

To file a complaint with the office or to receive additional information as to how to file a complaint with the Department of Health and Human Services, contact the Contact Person listed on page 1. All complaints must be submitted in writing.

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.

IF CHANGES ARE MADE TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office. You will find the date the notice became effective at the top of the first page below the title. In addition, each time you register at or are admitted to the office for treatment or healthcare services, a copy of the current notice in effect will be given to you if you request it.