

Notice of Privacy 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.

This notice is to inform you about our practices related to your medical records and information. It will explain how **MIDAMERICA SURGERY CENTER** may use and disclose your medical information, and your rights related to any medical information about you in our possession.

We have listed some of the reasons why we might use or disclose your medical information with some examples. Not every potential example is provided, but the ways that we are permitted to use and disclose medical information are outlined within four categories.

Use and Disclosure of Medical Information

For Treatment: To provide you with medical treatment or services, we may need to use or disclose information about you to personnel involved in your treatment. For example, a physician may need to consult with another provider regarding your condition and procedure while under our care.

For Payment: We may use and disclose your medical information to bill and receive payment for treatment that you received from MIDAMERICA SURGERY CENTER. Typically, your insurance company requires a certain amount of medical information to pay or reimburse MidAmerica for the services provided to you.

For Health Care Operations: We may use and disclose medical information for the purpose of our operations. For example, we may use or disclose medical information about you to evaluate our staff's performance in caring for you or performing the duties of their job.

Uses and Disclosure of Medical Information that Do Not Require Your Authorization

MIDAMERICA SURGERY CENTER can use or disclose health information about you without your authorization when there is an emergency, when we are required by law to treat you, or when we are required by law to use or disclose certain information. MIDAMERICA SURGERY CENTER may use or disclose your health information without your authorization in any of the following circumstances:

- When it is required by federal, state, or other law;
- When it is needed for public health activities;
- When reporting information about victims of abuse, neglect, or domestic violence;
- When disclosing information for the purpose of health oversight activities;
- When disclosing information for judicial or administrative proceedings;
- When disclosing information for law enforcement purposes;
- When disclosing or using information for organ and tissue donation purposes;
- When disclosing information for research purposes;
- When we believe in good faith that the disclosure is necessary to avert a serious health or safety threat;
- When disclosure is necessary for specialized government functions;
- When disclosure is necessary to comply with worker's compensation laws or purposes.

Planned Uses or Disclosures

MIDAMERICA SURGERY CENTER may use or disclose your health information for any of the purposes described unless you affirmatively object to or otherwise restrict a particular release. You may direct your objections or restrictions to this Notice in writing to MIDAMERICA SURGERY CENTER.

- We may use or disclose your health information to contact you and remind you about an appointment for a surgery/procedure.
- We may use or disclose your health information to contact you with information about or recommendation for possible treatment options or alternatives which may interest you.

- We may release health information about you to a friend and/or family member who is involved in your care. We can tell your family and/or friends of your condition and that MIDAMERICA SURGERY CENTER is providing you treatment or services. We can also give health information to someone who will help or is helping to pay for your care.
- MIDAMERICA SURGERY CENTER can disclose health information about you to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts. One such example entity is the American Red Cross.

Other Uses or Disclosures

If you provide MIDAMERICA SURGERY CENTER written authorization to use or disclose your health information, you can change your mind and revoke your authorization at any time, if you revoke your authorization in writing. If you revoke your authorization, MIDAMERICA SURGERY CENTER will no longer use or disclose the information, but we cannot take back or rescind any disclosures that have already been made.

Your Rights with Respect to Health Information

- **Right to Inspect and Copy Your Health Information:** You have the right to inspect and copy your health information, with certain exceptions. If you request copies of information, MIDAMERICA SURGERY CENTER may charge a fee for costs associated with your request, including the cost of copies, mailing, and administrative time.
- **Right to Request Information in Certain Form and Location:** You have the right to request health information in a certain form or at a specific location. For instance, you can request that MIDAMERICA SURGERY CENTER does not contact you at work. The request must tell us how and/or where you prefer to receive information. MIDAMERICA SURGERY CENTER will accommodate reasonable requests.
- **Right to Request Amendment to Your Health Information:** You have the right to request that your health information be amended if you believe that it is incorrect or incomplete. You must provide the reason that you want the amendment added to your health information. The request must be made in writing.
- **Right to an Accounting of Disclosures:** You have the right to receive an accounting of disclosures of medical information that MIDAMERICA SURGERY CENTER has made with some exceptions. You have the right to receive one (1) free accounting every twelve (12) months. If you request more than one (1) accounting in any twelve (12) month period, you may be charged a reasonable fee for costs.
- **Right to Request Restrictions:** You have the right to request that we restrict any use of disclosure of your health information. If we agree to your restriction, we will comply with your request. For example, a patient who does not want his or her physician to share health information with other physicians involved in his or her care may request to restrict such disclosure. MIDAMERICA SURGERY CENTER is not required to accept any restriction that you request.

Federal law gives all patients a right to a paper copy of this Notice. If you have agreed to receive this Notice in another form, you can still request a paper copy of this Notice. To obtain a paper copy of this Notice or to submit a written request related to "Your Rights," contact in MIDAMERICA SURGERY CENTER.

Privacy Complaints

If you have any questions about the content of this Notice, or if you need to contact someone regarding the privacy of your health information, please contact:

ATTN: Administrator or Privacy Officer
MIDAMERICA SURGERY CENTER
1815 Clarkson Road, Chesterfield, MO, 63017

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint with either MIDAMERICA SURGERY CENTER or the U.S. Department of Health and Human Services.

Changes to this Notice

MIDAMERICA SURGERY CENTER reserves the right to change or modify the information contained in this Notice. Any changes that we make will comply with appropriate federal, state, or other laws. MIDAMERICA SURGERY CENTER will provide patients with the most recent copy of this notice and post the version in our surgery center. You may also write to our privacy office to obtain the most recent version of this Notice.

I acknowledge that I have received a copy of the Notice of Privacy Practice Policy for MidAmerica Surgery Center, LLC prior to my surgery.

Patient/ Representative Signature

Date

Witness Signature

Date