

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.

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our facility. We need this record to provide you with the quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of Protected Health Information (PHI).

THE LAW REQUIRES US TO:

- Keep your medical information private.
- Give you this notice describing our legal duties, privacy practices and your rights regarding your PHI.
- Follow the terms of the notice that is in effect.
- Notify you if a break in the security of your Protected Health Information (PHI) occurs.

WE HAVE THE RIGHT TO: Change our privacy practices and the terms of this notice at any time, as long as the law permits. This includes information previously created or received before those changes. Notification will occur if any important change is made, and will be available upon request.

USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION (PHI): The following section describes different ways that we use your PHI. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose PHI. We will not disclose any of your PHI for any purpose not listed below, without your specific written authorization. Any specific written authorization may be revoked at any time by writing to us.

FOR TREATMENT: We may use PHI about you to provide you with medical treatment or services. We may disclose this information about you to the doctors, nurses, technicians and other people taking care of you. We may also share your PHI with other health care providers to assist them in treating you.

FOR PAYMENT: We may use PHI to obtain payment for the services we provide.

FOR HEALTH CARE OPERATIONS: We may use and disclose your PHI for our health care operation. This might include quality improvement measures, evaluating performances of employees, staff training, accreditation, obtaining certificates and licensure that we need in order to operate. This also includes business management and administrative activities.

YOUR RIGHTS:

- The right to inspect and copy your PHI, via written request to the Privacy Officer. We may deny your request, if in our professional judgment we determine that the access requested will endanger your life or another's.
- The right to request a restriction on uses and disclosures of your PHI.
- The right to request to receive confidential communications from us by alternative means or locations.
- The right to request amendments to your PHI in writing with reasons to support such a request. In certain cases, we may deny your request for an amendment.
- The right to receive an accounting of certain disclosures other than for purposes of treatment, payment or health care operation. These written requests must be submitted to our Privacy Officer. Request may not be for a period more than 6 years. We will provide the first request within any 12-month charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- The right to obtain a paper copy of this notice.

Contact Person:

Attn: Privacy Officer
La Peer Surgery Center
8920 Wilshire Suite 101
BEVERLY HILLS, CA 90211

The Privacy Officer can be contacted by telephone at 855-360-9119.

This notice is effective October 8, 2013

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OTHER USES AND DISCLOSURES: As part of treatment, payment and health care operation, we may also use or disclose your PHI for the following purposes:

Appointment Reminders: PHI used to contact you, a family member of other responsible person as a reminder that you have an appointment for surgery at La Peer Surgery Center. We will use the phone number(s) given to us by your surgeon's office and may leave a message with a family member. We will limit the PHI disclosed when leaving a message. If you prefer we use a different phone number, not leave messages, or we do not speak with family members, this can be requested by contacting the Privacy Officer, in writing, at the address below.

Notification: PHI used to notify a family member or other person responsible for your care. We will share information about your location in our facility, general condition and approximate wait time. If you are present, we will get your permission if possible, before we share this information. In case of emergency and/or if you are not able to give or refuse permission, we will share only the PHI that is directly necessary for your healthcare, according to our professional judgment to make decisions in your best interest.

Disaster Relief: PHI will be shared with public or private organization of persons who can legally assist in disaster relief efforts.

Research in Limited Circumstances: PHI for research purposes in limited circumstances where the Governing Body has approved the research. They will review the research proposal and established protocols to ensure the privacy of your PHI.

Funeral Director, Coroner, Medical Examiner and Organ Donation: We may disclose PHI of a person who has died with these entities in order to help them carry out their duties.

Specialized Government Functions: Subject to certain requirements, we may disclose and/or use PHI for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determination for the Department of the state, for correctional institutions and other law enforcement custodial situations, and for government programs provided public benefits.

Court Orders and Judicial Administrative Proceedings: We may disclose your PHI in response to a court or administrative order, subpoena, discovery request or other lawful process. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may share your PHI with law enforcement officials. WE may share limited information with law enforcement officials concerning the medical information of a suspect, fugitive, material witness, crime of missing person. We may also share the medical information of an inmate or other person in lawful custody with a law enforcement of official or correctional institution under certain circumstances.

PRIVACY PRACTICES ACKNOWLEDGMENT

By signing this form, you acknowledge that you have been informed that La Peer Surgery Center provides information about how we may use and disclose your Protected Health Information (PHI). We encourage you to read the "Notice of Privacy Practices" posted in our lobby. If you would like a paper copy, please ask the receptionist.

La Peer Surgery Center may use the following methods of communication regarding information related to my personal health, treatment or payment for treatment. I acknowledge I am responsible for updating this information as necessary. This request supersedes any prior request for methods of communication I may have made. Contact me by:

- Home _____
- Work _____
- LPSC may leave a message on my voice mail / answering machine
- LPSC may speak to anyone who answers the phone
- LPSC may only speak to _____
- Cell _____
- Ok to leave a message _____

Questions or concerns about our Privacy Notice or Practices should be directed to the Privacy Officer at 855-360-9119.

Signature _____ Date _____
(Patient / Parent / Conservator / Guardian) (Mo / Day / Yr)

Inability to obtain acknowledgment: To be completed only if no signature is obtained:

- Patient lacks the ability to understand the Notice of Privacy Practices
- Other _____