

NOTICE OF PRIVACY PRACTICES

Omnibus Final Rule Notice of Privacy Practices Updates: HIPPA Compliance date:
September 23, 2013

Simi Surgery Center and its employees collect data through a variety of means including but not necessarily limited to, letters, phone calls, emails, voicemails, and from the submission of information that is required by law, or necessary to process information or other request for assistance.

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.

If you have any questions about this notice, please contact Cindy Boyle, Director.

WHO WILL FOLLOW THIS NOTICE

This notice describes our facility's practices and that of

- Any health care professional authorized to enter information into your facility chart.
- All units of the facility.
- Any member of a volunteer group we allow to help you while you are in the facility.
- All employees, staff and other facility personnel.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the facility, whether made by facility personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic. You have the right to request a restriction of uses and disclosures. The Privacy rule requires Simi Surgery Center to permit individuals to request uses or disclosures of their protected health information for treatment, payment, and health care operations purposes, as well as for disclosures to family members. Simi Surgery Center has the right to refuse a patients request for restrictions. If Simi Surgery Center agrees to the request, the requested restriction must be honored unless there is an emergency situation, where information is required for the treatment of the individual. Upon the termination of such restrictions and requires that both patient and Simi Surgery Center have agreed to a restriction document the restriction in writing.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private (with certain exceptions);
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

Duty to notify in case of breach: The final rule also requires Simi Surgery Center to include in their Notice of Privacy Practice. The right of the individual is to be notified following a breach of unsecured protected health information. The individual has the right to or will receive notifications of breaches of his or her unsecured protected health information. The act defines breach as unauthorized access, use, or disclosures of protected health information which compromises the security or privacy of such information.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

The Privacy Rule requires if an individual requests an electronic copy of protected health information that is maintained electronically in one or more designated record sets, that Simi Surgery Center must provide the individual with access to the electronic information in the electronic form and format requested by the individual, if it is readily producible, or, if not, in a readable format as agreed by Simi Surgery Center.

DISCLOSURE AT YOUR REQUEST

We may disclose information when requested by you. If requested by the individual, Simi Surgery Center must transmit the copy of protected health information directly to the patient. When the individual directs that Simi Surgery Center to fax the copy of protected health information to another designated person, the request must be made in writing, signed by the patient and clearly identify the designated person, and where to send the copy of protected health information. Simi Surgery Center also must verify individual's identity before releasing any information to any parties.

FOR TREATMENT

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other facility personnel who are involved in taking care of you at the facility. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the facility also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the facility who may be involved in your medical care after you leave the facility, such as skilled nursing facilities, home health agencies, and physicians or other practitioners. For example, we may give your physician access to your health information to assist your physician in treating you. Notice of Privacy Practices requires the right of individuals with respect to their protected health information to request restrictions on the uses and disclosures of personal health information and include the fact that Simi Surgery Center is not required to agree to this request.

FOR PAYMENT

We may use and disclose medical information about you so that the treatment and services you receive at the facility may be billed to and payment may be collected from you, an insurance

company or a third party. For example, we may need to give your health plan information about surgery you received at the facility so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside the facility who are involved in your care, to assist them in obtaining payment for services they provide to you.

Simi Surgery Center is required to agree to a request to restrict disclosure of protected health information to a health plan if the disclosure is for payment to a health care item or service for which the individual has paid out of pocket in full as provided. This would expand to individual's right to receive electronic copies of their health information and restrict disclosures to a health plan concerning treatment for which the individual has paid out of pocket in full. Health plan disclosures restrictions; if an individual intends to pay for service or items, but does not do so, Simi Surgery Center may submit information to the health plan for payment purposes, after attempting to resolve the payment issues with the individual. If a patient requests a health plan disclosure restriction but then seeks additional follow up care and asks the provider to bill health plan, the provider may need to submit information about earlier visits to health plan and may do so, even if the patient requested a restriction on the earlier visit. Health information technology for economic and Clinical Health Act and Genetic Information Nondiscrimination Act limits use of genetic information. The final rule adopts the requirement for health plans that perform underwriting to prohibit use or disclose genetic information for such purposes.

FOR HEALTH CARE OPERATIONS

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the facility and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many facility patients to decide what additional services the facility 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 facility personnel for review and learning purposes. We may also combine the medical information we have with medical information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Health-Related Products and Services

We may use and disclose medical information to tell you about our health-related products or services that may be of interest to you.

Prohibition of sale of personal health information uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require authorization, as well as other uses a disclosure not described in Notice of Privacy practices will be made only with authorization from the individual. "Marketing" is defined as a communication about a product or service that encourages recipients of the communication to purchase or use the product or service subject to certain exceptions"; face to face communications (verbally or handling out written materials, such as pamphlets) gifts of a nominal value.

Individuals Involved in Your Care or Payment for Your Care

We may release medical information about you to a friend or family member who is involved in your medical care providing you have given us permission to do so.. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are in the facility.

In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you are unable to communicate, we are required to attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).

As Required By Law

We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose medical information about you 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.

SPECIAL SITUATIONS

Military and Veterans

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

Workers' Compensation

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Activities

We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report deaths;
- to report regarding the abuse or neglect of children, elders and dependent adults;
- 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 or authorized by law;
- to notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized

by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you 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 (which may include written notice to you) or to obtain an order protecting the information requested.

If you receive assistance through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police investigators, courts, and or attorneys as well as any other information as permitted by law.

Law Enforcement

We may release medical 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;

Coroners, Medical Examiners and Funeral Directors

We may release medical 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 medical information about patients of the facility to funeral directors *as* necessary to carry out their duties.

National Security and Intelligence Activities

We may release medical 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 medical 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.

Security Clearances

We may use medical information about you to make decisions regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the Department of State who need access to that information for these purposes."

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official. This disclosure 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.

Decedents

If you are a decedent of individual Personal Health information excludes individually identifiable information of a person who has been deceased for more than 50 years. Decedent's personal health information is under HIPPA protection for 50 years after death. Simi Surgery Center also has greater flexibility to disclose personal health information to persons involved in a decedent's care of payment. This final rule also allows Simi Surgery Center to continue to communicate with relevant family and friends after an individual's death. Covered entities may disclose decedent's information to family members and other who were involved in the care or payment for care of the decedent prior to death, unless it contradicts a prior expressed preference known to Simi Surgery Center.

Multidisciplinary Personnel Teams

We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

Special Categories of Information

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information – e.g., tests for HIV. Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

YOU'RE RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you.

Right to Inspect and Copy

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Cindy Boyle, Director. If you request a copy of the information, we charge a fee of \$25.00 for the costs of labor. Labor costs to include, skilled technical staff time spent to create and copy electronic file, such as compiling, extracting, and or scanning or copying the chart.

The final rule modifies timeliness requirements for right to access and to obtain copy of protected health information. A 30 day time frame for access is appropriate, with a 30 day extension when necessary.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility.

To request an amendment, your request must be made in writing and submitted to Cindy Boyle, Director. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the facility;
- Is not part of the information which you would be permitted *to* inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations, (as those functions are described above) and with other exceptions pursuant to the law,

To request this list or accounting of disclosures, you must submit your request in writing to Cindy Boyle, Director. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose 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 we not use or disclose information about a surgery you had if Simi Surgery Center is required to agree to a request to restrict disclosure of protected health information to a health plan if the disclosure is for payment to a health care item or service for which the individual has paid out of pocket in full as provided. This would expand to individual's right to receive electronic copies of their health information and restrict disclosures to a health plan concerning treatment for which the individual has paid out of pocket in full. Health plan disclosures restrictions; if an individual intends

to pay for service or items, but does not do so, Simi Surgery Center may submit information to the health plan for payment purposes, after attempting to resolve the payment issues with the individual. If a patient requests a health plan disclosure restriction but then seeks additional follow up care and asks the provider to bill health plan, the provider may need to submit information about earlier visits to health plan and may do so, even if the patient requested a restriction on the earlier visit. Health information technology for economic and Clinical Health Act and Genetic Information Nondiscrimination Act limits use of genetic information. The final rule adopts the requirement for health plans that perform underwriting to prohibit use or disclose genetic information for such purposes...

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Cindy Boyle, Director. 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 your spouse.

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. For example, you can ask that we only contact you at work or by mail,

To request confidential communications, you must make your request in writing to Cindy Boyle, Director. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a 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.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve 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 post a copy of the current notice in the facility. The notice will contain the effective date on the first page, in the top right-hand corner. In addition, each time you register at or are admitted to the facility for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the Department of Health and Human Services. To file a complaint with the facility, contact Cindy Boyle, Director at 805-306-8800. All complaints must be submitted in writing.

You will not be penalized, for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. 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.