

**EVANSVILLE SURGERY CENTER**  
**JOINT NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU WILL BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

This Notice applies to all health records that we maintain for you. We are required by law to maintain the confidentiality of your Protected Health Information (PHI), to give you this Notice describing our practices and legal duties, to follow the terms of the current Notice, and to notify you if your unsecured protected health information has been breached. This Notice describes the practices of the employees, volunteers, students-in-training and contract staff of the Evansville Surgery Center. The Notice also describes the privacy practices of the independent physician and nurse practitioners, other health care providers (the medical staff) providing care at Evansville Surgery Center. These independent practitioners, Deaconess Health System, and Evansville Surgery Center form an Organized Health Care Arrangement (OHCA). The OHCA participants will share your protected health information with each other as necessary to carry out treatment, payment and health care operations relating to the OHCA. (Please note that the independent practitioners of the medical staff are solely responsible for their judgement and conduct in providing services to patients and for their compliance with federal and state laws.) The OHCA does not cover the information practice of practitioners in their private offices or at other locations not mentioned in this Notice. Throughout this Notice, the parties covered by this Notice shall be referred to collectively as Evansville Surgery Center ("ESC").

**We Will Use and Disclose Information for Treatment, Payment, and Operational Purposes**

When you seek medical treatment at ESC, your PHI may be used within ESC and disclosed outside of ESC for the purposes described below without your verbal or written permission.

**Treatment:** PHI gathered by the persons treating you is entered into your record and used to determine your plan of care and progress. This PHI may be shared with any of the providers involved in your care and other facilities where you may be transferred. In some cases the sharing of your PHI with other providers and hospitals may be done electronically, including through electronic health information exchanges sponsored by Indiana, Illinois and Kentucky. By using an electronic health information exchange, we may be able to make your PHI available to those who care for you outside the service area of ESC in a more timely and effective manner.

**Payment:** We may use your PHI to verify your insurance coverage. A bill and explanation of benefit will be sent to you, your insurer or other party identified as a payer for your claim. We may disclose billing information to other health care providers involved in your care so that they have correct billing information. If you are overdue in paying your bill, information about you may be shared with collections agencies.

**Health Care Operations:** We will use your PHI for operational purposes including but not limited to staff assessment and training, education programs, and quality reviews of our treatment and business processes. Your identity may be shared with facility administrators so that they are aware of your presence in our facilities. Your PHI may be disclosed to students or visiting observers who observe treatment and other processes during supervised programs within our facilities. Your PHI may be disclosed to other providers involved in your care for their own health care operations.

**Contacting you:** We may contact you via telephone, email, text message or mail regarding your appointments or other matters. We may leave voice messages at the number you have provided us.

**Health Care Coordination, Related Services and Products:** We may use or disclose your PHI to coordinate your care, and advise you of alternative therapies, settings of care, or providers. We may use or disclose your PHI to contact you about services available at or through ESC. We may tell you about another company's products or services in face-to-face communications. We may use and disclose your PHI to send you a promotional gift from us that is of minimal value.

**Business Associates:** We may disclose your PHI to contracted parties called Business Associates who assist us by performing services on our behalf. These parties are obligated by law and contract to protect your PHI.

**Limited Data Sets and De-Identified Information:** A 'limited data set' of PHI that does not directly identify you may be disclosed to public health authorities, researcher sponsors, public health initiatives, development of new clinical standards or other health related quality improvements. PHI from which all direct and indirect identifiers has been removed is considered to be 'de-identified' and can be used or disclosed for any purpose.

**Sharing Information With Family, Relatives, Friends and Others Involved in Your Care or Payment for Your Care**

**If you agree or do not voice an objection we will use your information in the following circumstances.**

**Facility Directory:** We may include your name and location in the facility in a facility Directory. If anyone asks for you by name, we will give them your room and telephone number and may briefly state your general condition. If you do not wish others to know that you are here, please let the registration desk know as soon as possible on your admission.

**Emergency Notification:** If you are treated in an emergency situation and do not object, we may notify members of your family or other persons you identify that you are here. During a disaster, we may notify the Red Cross or other agency responsible for family notification if you are here.

**Communication with Family, Friends and Others:** We may discuss your care with members of your family, close friends or other individuals you identify who may be involved in your care or the payment for your care. If we determine it is appropriate to do so, we may permit your family or friends to act on your behalf to pick up your prescriptions, supplies, or other items. We will share information about a minor child with a non-custodial parent unless we have received a court order or decree prohibiting such sharing.

**When It Is Reasonable to Assume That You Do Not Object:** If you request that a family member or friend be present during an examination or discussion or you do not request them to leave, we will assume that you do not object to information about you being discussed in their presence. If you are unable to tell us whether you agree or object to a disclosure for any of the reasons listed in this section, we may discuss your treatment or your bill with your family, relatives, close friends or other persons involved in your care or payment for your care but only what is important for them to know if, based on our professional judgment, we decide it is in your best interest for information to be shared.

**Uses or Disclosures for Research or When Authorized by Law**

We may use or disclose your PHI without your permission in the following circumstances, subject to all applicable laws.

- For research activities under certain limited circumstances and subject to a special approval process.
- When required to do so by federal, state or local law.
- To prevent a serious threat to the health and safety of you, another person or the general public.
- To organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- If required by the appropriate military command authority (active duty service members only).
- To report findings and treatment of your workers' comp injury to your employer, case manager, other health care providers and insurer as permitted or required by state law.
- To local, state or federal public health authorities for various public health activities including: recording births and deaths; reporting certain illnesses, injuries or communicable diseases; reporting unanticipated medication reactions, problems with medical devices or other unanticipated problems with your care; tracking, recall and post market surveillance of FDA regulated products; notifying you that you may have been exposed to a disease or may be at risk for contracting or spreading a disease.
- To report known or suspected child or adult abuse, neglect or endangerment to the appropriate agencies or law enforcement authorities.
- To health oversight agencies who monitor our compliance with the law. In addition, individual employees, volunteers, students-in-training or Business Associates may use or disclose information about you in a 'whistleblower' action.
- In response to a court or administrative order or other court action that compels release of the information.
- To local, state or federal law enforcement officials when required by law, to identify or locate persons in our facilities, to report known or suspected criminal activity or when necessary to provide for national or state security.
- To a coroner or medical examiner or funeral director as authorized by law.

## Other Uses and Disclosures of Health Information

**Records of Mental Health and Alcohol or Substance Abuse Patients:** If you are receiving mental health, alcohol or substance abuse treatment, your records may be subject to additional protections under federal or state law. Please contact the facility Privacy Officer or Medical Records Coordinator with any questions you may have using the address or telephone number provided below.

**Incidental Uses and Disclosures:** Although we take safeguards to avoid this, it is possible that in the course of a lawful use or disclosure of your health information, information is overheard or seen by someone other than the intended recipient of the information.

**Disclosures requiring your written authorization:** We will not sell your information without your written authorization. We will not use or share your information for the purpose of marketing the services or products of non-Deaconess Health System entities without your written authorization. Other uses and disclosures not covered by this Notice or the laws that apply to us will be made only with your written permission. You may, in most cases, revoke that permission, in writing, at any time. Note that we are unable to recover information that was previously disclosed with your permission.

We cannot accept a revocation of your written permission when it was given as a condition of obtaining insurance coverage since other laws give the insurer the right to contest a claim under the insurance policy.

If you refuse to give your written permission for release of information, we may not refuse to treat you unless 1) your written permission is required as a condition of participation in research related treatment, or 2) the only reason for the health care encounter is to create health information for release to a third party (ex. A pre-employment physical or OSHA mandated testing for your employer.)

## Your Rights Regarding Your Health Information

**You may exercise the following rights by contacting the facility where you received your services.**

**Right to Inspect and Copy:** You have the right to inspect and obtain copies of the PHI we maintain of you. Your request must be in writing. You have the right to obtain an electronic copy of your electronically maintained medical records if those records are readily producible in the electronic form or format you request. We will encrypt electronic information provided to you (requiring that you use a password to access the information) unless you direct us not to use encryption. We may deny your request to inspect and copy your information in certain limited circumstances. You may request review of a denial.

**Right to Correct or Update Your Information:** You may request that we amend incorrect or incomplete information in your records. You have the right to request an amendment for as long as we keep your information. Your request must be in writing. We will deny your request if 1) you do not provide a reason for the requested changes, or 2) the information was not created or maintained by us, or 3) the information is not within the records you are permitted to inspect and copy, or 4) the information in your records is accurate and complete. Any corrections we accept will be included in your record.

**Right to a List of Certain Disclosures:** We are required to keep a list of certain (*but not all*) disclosures we make of your PHI and you are entitled to a copy of that list. Your request must be in writing. You must state the time period for which you want the list of disclosures, but the time period cannot be longer than the preceding six years. The first list you request within a 12-month period will be free. However, if you request additional lists during this period, we will charge you for the costs of providing the list.

**Right to Request Restrictions:** You have the right to request that we limit the use or disclosure of your PHI for treatment, payment or health care operations. You have the right to request that we limit the PHI we disclose to your family, friends or others involved in your care or payment for care. Your request for restriction must be in writing. We will honor your request to not disclose information to your health plan about those services you receive provided that you make arrangement to pay in full for those services at the time of your request. In all other circumstances, we are not required to agree to your request for restriction nor provide a reason for our denial. We will not accept restriction on information when release is required or permitted by law or when we do not have the technical means to enforce a restriction. We cannot restrict information disclosed prior to your request for restriction. If we accept your request for restriction, we will comply with the request unless the information is needed to provide you emergency treatment. If we later reverse our decision to accept a restriction, you will be notified in writing.

**Right to Request Alternative Delivery of Information:** You have the right to request that we communicate with you about health matters via alternative means or at alternative locations. *For example*, you may request that we only telephone you at work or that we mail your records to you or to a person designated by you at a location other than your home. Any request for alternative delivery of information must be made in writing and must specify how or where you wish to be contacted. We will accommodate requests that we can reasonably meet.

**Right to a Paper Copy of this Notice:** You may obtain a paper copy of this Notice from any registration desk in an ESC facility or from our website at [www.evansvillesurgerycenter.com](http://www.evansvillesurgerycenter.com).

## 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 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 each ESC facility. The Notice will contain on the first page, in the top right-hand corner, the effective date of the Notice. You may obtain a revised notice at any registration desk.

## 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. **You will not be penalized for filing a complaint.**

## TO FILE A COMPLAINT, PLEASE CONTACT:

Facilities	Contact
Evansville Surgery Centers	Compliance Coordinator 812 250-0124

**Questions regarding this Notice may be directed to:  
Compliance Coordinator (Privacy Officer)  
Evansville Surgery Center  
P. O. Box 2185, Evansville, IN 47728-0185  
812 250-0124**