

The Surgical Clinic of Central Arkansas

Receipt of Notice of Privacy Practices Form

I, _____, hereby give my consent to The Surgical Clinic of Central Arkansas to use or disclose, for the purpose of carrying out treatment, payment, or healthcare operations, all information contained in the patient record of:

(Patient's Name)

I acknowledge receipt of The Surgical Clinic's Notice of Privacy Practices. The Notice of Privacy Practices provides detailed information about how the practice may use and disclose my confidential information.

I understand that The Surgical Clinic has reserved a right to change the privacy practices that are described in the Notice. I also understand that a copy of any revised Notice will be provided to me or made available at my request.

I understand that this consent is valid until it is revoked by me. I understand that I may revoke this consent at any time by giving written notice of my desire to do so, to The Surgical Clinic. I also understand that I will not be able to revoke this consent in cases where The Surgical Clinic has already relied on it to use or disclose my health information. Written revocation of consent must be sent to The Surgical Clinic.

Signed: _____ Date: _____

If you are not the patient, please specify your relationship to the patient. _____

Please list additional contacts, other than physicians, that we may release your information to:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

THE SURGICAL CLINIC OF CENTRAL ARKANSAS
NOTICE OF PRIVACY PRACTICES
EFFECTIVE DATE 4/2003; REVISED 6/2017

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 of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operation and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any of your written and oral health information, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

1. Uses and Disclosures of Your Protected Health Information

- A. **Treatment.** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information to a pharmacy, lab or home health agency. We may also disclose your protected health information to other physicians who may be treating you or consulting with your physician with respect to your care. The HITECH Act requires our practice to comply, in certain situations, with a patient's request to restrict disclosures of his or her protected health information.
- B. **Payment.** Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurer to get approval for the treatment that we recommend. For example, if a hospital admission is recommended, we may disclose information to your health insurer to get prior approval for the hospitalization. We may also disclose protected health information to your health insurance company to determine whether you are eligible for benefits. In order to get payment for your services, we may need to disclose your protected health information to your insurance company to demonstrate the medical necessity of the services or, as required by your insurance company, for utilization review. Our practice must agree to the request of an individual to restrict disclosure of protected health information to their health plan if the disclosure is for the purpose of carrying out payment or health care operation and is not otherwise required by law and the protected health information pertains solely to a health care item or service for which the patient has paid for out of pocket.
- C. **Health Care Operations.** We may use or disclose your protected health information, as necessary, for our own health care operations in order to facilitate the function of the provider and to provide quality care to all patients. This includes activities such as:
- Quality assessment and improvement activities.
 - Accreditation, certification, licensing or credentialing activities.
 - Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs.
 - Business management and general administrative activities.
- In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.
- D. **Other uses and disclosures.** As part of treatment, payment and healthcare operations, we may also use or disclose your protected health information for the following purpose:
- To remind you of an appointment.
 - To inform you of potential treatment alternatives or options.
 - To inform you of health-related benefits or services that may be of interest to you.

2. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

- A. **When Legally Required.** We will disclose your protected health information when we are required to do so by any Federal, State or Local law.

- B. **When there are Risks to Public Health.** We may disclose your protected health information or the following public activities and purposes:
- To prevent, control, or report disease, injury or disability as permitted by law.
 - To report vital events such as birth or death as permitted or required by law.
 - To conduct public health surveillance, investigations and interventions as permitted by law.
 - To collect or report adverse events and products defects, track FDA regulated products, enable recalls, repairs or replacements to the FDA.
 - To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
 - To report to an employer, information about an individual who is a member of the workforce as legally permitted or required.
- C. **To Report Abuse, Neglect or Domestic Violence.** We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when required or authorized by law or when the patient agrees to the disclosure.
- D. **To Conduct Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities including audits, civil, administration, or criminal investigation, proceedings, actions or inspections authorized by law.
- E. **In Connection with Judicial and Administrative Proceedings.** We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena.
- F. **For Law Enforcement Purposes.** We may disclose your protected health information to a law enforcement official for purposes as follows:
- As required by law for reporting of certain types of wounds or other physical injuries.
 - Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
 - Under certain limited circumstances, when you are the victim of a crime.
 - In an emergency in order to report a crime.
- G. **To Coroners, Funeral Directors, and for Organ Donation.** We may disclose protected health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used for cadaveric organ, eye or tissue donation purposes.
- H. **Research Purposes.** We may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board that has reviewed the research proposal and research protocols to address the privacy of your health information. Authorizations no longer have to be study specific; they can be used for future research as long as the description of the future research use is clear. Our clinic policy prohibits the release of genetic information to third parties for underwriting purposes. However, the use of genetic information is permitted when an individual is seeking a particular benefit under the plan and the health plan needs genetic information to determine the medical appropriateness of providing the benefit to the individual.
- I. **In The Event of a Serious Threat to Health or Safety.** We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety.
- J. **For Specified Government Functions.** In certain circumstances, the Federal regulations authorize the provider to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.
- K. **For Workers Compensation.** The provider may release your health information to comply with worker's compensation law or similar programs.
3. **Uses and Disclosures Permitted Without Authorization but with Opportunity to Object**
We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your care or payment related to your care. We can disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition, or death. We may disclose a deceased individual's protected health information to family members and others who were directly involved in the care or payment for care of the

individual prior to death, unless doing so would be inconsistent with any prior expressed preference of the individual. You may object to these disclosures. If you do not object to these disclosures we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interest for us to make disclosure information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

4. **Uses and Disclosures Which You Authorize**

Other than as stated above, we will not disclose your health information other than with your written authorization. Our practice will not use or sell any protected health information for marketing or fundraising purposes without the patients expressed permission. Our practice will not release psychotherapy notes without a written authorization. Your protected health information may only be released without an authorization for marketing and fundraising for:

- Department of Service
- Treating Physician
- Outcome Information
- Health Insurance Status

5. The Surgical Clinic of Central Arkansas or any business associate of ours may not sell your protected health information without an authorization, with the following exceptions:

- Public Health
- Research purposes: payment must be reasonably related to the cost of preparing and transmitting information
- Treatment and Payment
- Corporate Transactions (sale of practice)
- Disclosures to Business Associates
- Disclosures to the patient
- Disclosures required by law
- Other disclosures permitted by the rules, provided payment is related to the cost of making the disclosure

6. **Your Rights**

You have the following rights regarding your health information:

- A. **The Right to Inspect and Copy Your Protected Health Information.** You may inspect and obtain a copy of your protected health information that is contained in a medical record for as long as we maintain the protected health information. Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding. You must submit your request to the privacy officer in order to inspect and/or obtain a copy of your protected health information. Our practice may charge a fee for the costs of copying, mailing labor and supplies associated with your request. Our practice may deny your request in certain limited circumstances; however, you may request a review of our denial. Another healthcare licensed health care professional chosen by us will conduct reviews. Our practice may now transmit a copy of individuals protected health information in electronic format if requested by the patient. A hard copy may be provided if the patient chooses not to accept any of the electronic formats offered by our practice. If requested by the patient, our practice must transmit a copy of the patients protected health information directly to another person designated by the individual. This must be done in writing and include the following: patient's signature, the designated person to receive the information, and where the information should be sent.
- B. **Requesting Restriction.** You have the right to request a restriction in our use or disclosure of your protected health information for treatment, payment or health care operations. Additionally you have the right to request that restrict our disclosure of your protected health information to certain individuals involved in your care or the payment for your care, such as family or friends. We are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction you must make your request in writing to the Privacy Officer. Your request must describe in a clear and concise fashion: the information you wish restricted, whether you are requesting to limit our practice's use, disclosure or both, and to whom you want the limits to apply.
- C. **Confidential Communications.** You have the right to request that our practice communicate with you in certain ways. We will accommodate reasonable requests. Request must be made in writing to our privacy officer.
- D. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request

an amendment you must make the request in writing to our privacy officer. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request in writing. Also, we may deny your request if you ask us to amend information that is in our opinion accurate and complete, not part of the protected health information kept by or for the practice, not part of the protected health information which you would be permitted to inspect and copy, or not created by our practice, unless the individual or entity that created the information is not available to amend the information.

- E. **Accounting and Disclosures.** You have the right to request an accounting of certain disclosures of your protected health information made by the provider. This right applies to disclosures for purpose other than treatment, payment, or health care operations as described in the Notice of Privacy Practices. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our privacy officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting request may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- F. **Right to Obtain a Paper Copy of This Notice.** Upon request, we will provide a separate paper copy of this Notice even if you have already received a copy of the Notice or have agreed to accept this Notice electronically.
- G. **Right to File a Privacy Complaint.** If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer. To file a complaint please contact the Privacy Officer immediately. We encourage you to express any concerns you may have regarding the privacy of your information. We do not retaliate against anyone that files a complaint.
- H. **Right to File a Discrimination Complaint.** If you believe you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with the Compliance Officer. You may request a copy of the Nondiscrimination Policy and Grievance Procedure. Grievances may be filed in person, by mail, fax, or e-mail. For complainants with disabilities and with limited English proficiency, we will provide assistance in filing grievances. The grievance may be filed with:

Compliance Officer
9500 Kanis Road, Suite 501
Little Rock, AR 72205
Phone: 501-227-9080
Fax: 501-217-2545
E-mail: Stephanie@SurgicalClinicArkansas.com

7. **Our Duties**

The provider is required by law to maintain the privacy of your health information and provide you with this notice or our duties and privacy practices. We are required to abide by terms of the Notice as may be amended from time to time. We reserve the right to change the terms of the Notice and to make the new Notice provisions effective for all protected health information that we maintain. If the provider changes its Notice, we will provide a copy of the revised Notice by sending a copy of the revised Notice via regular mail or through in-person contact. We are required by law to notify our patients when a breach of unsecured protected health information has been made. By law we are required to notify the patient within 60 days of discovering the breach. We will make it our every effort to notify you in a timely manner.

8. **Contact Person**

The provider's contact person for all issues regarding patient's privacy and your rights under the Federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. Complaints against the provider may be filed with:

Privacy Officer
The Surgical Clinic of Central Arkansas
9500 Kanis Road, Suite 501
Little Rock, AR 72205
501-227-9080