

LATTIMORE COMMUNITY
SURGICENTER

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you (as a patient of this ambulatory surgery center) may be used and disclosed, and how you can get access to your individually identifiable health information.

Please review it carefully.

NOTICE EFFECTIVE DATE: APRIL 14, 2003

A. OUR COMMITMENT TO YOUR PRIVACY

Lattimore Community Surgicenter believes that your medical information is personal, and we are dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you, the information provided by your personal doctor, and the treatment and services we provide to you. We use these records to provide quality care and to comply with certain legal requirements. Beyond the commitment of the Surgicenter, we also are required by law to maintain the confidentiality of health information that identifies you, and to provide you with this notice of our legal duties and the privacy practices that we maintain concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time of your care.

We realize that these laws are complicated, but we must make a good faith effort to provide you with the following important information in this Notice:

- How we may use and disclose your PHI
- Your privacy rights regarding your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by Lattimore Community Surgicenter. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our Surgicenter has created or maintained in the past, and for any that we may create or maintain in the future. Our Surgicenter will post a visible copy of our current Notice in our Reception area, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE:

Please contact our Privacy Officer at Lattimore Community Surgicenter, 125 Lattimore Road, Rochester, NY 14620 or (585) 473-9000 for further information.

C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) FOR THE FOLLOWING PURPOSES:

1. **Treatment.** Our Surgicenter may use your PHI to treat you. For example, we may ask you to forward preoperative health information, have laboratory tests (such as blood or urine tests), and we may use the results to clear you for surgery. Many of the people who work for Lattimore Community Surgicenter—including, but not limited to, our doctors and nurses - may use or disclose your PHI in order to treat you or to assist others in your treatment. Additional reasons include (but are not limited to) PHI disclosure:
 - to contact you and remind you of an appointment;
 - to call your name in the waiting room when your anesthesiologist/surgeon is ready for you;
 - to a pharmacy when we order a prescription for you;
 - to others (such as a friend or family member involved in your care or who assists in taking care of you) as part of our discharge instruction process. For example, a friend may drive you to the Surgicenter and home from your surgery. The friend may be given prescriptions to be filled, or information necessary for your post operative care. Therefore, some of your PHI may be shared with this person;
 - to ensure continuity-of-care. In the unlikely event of a transfer to an acute care facility, the Surgicenter will provide a copy of your health information to the hospital you are being transferred to; and/or
 - to inform you of potential treatment options or alternatives.

2. **Health Care Operations.** Lattimore Community Surgicenter may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, the Surgicenter may use your PHI:
 - to evaluate and ensure quality of care and optimal staff performance;
 - to conduct cost-management and business planning activities; and/or
 - to comply with requirements of federal, state, or local law.
3. **Payment.** Lattimore Community Surgicenter may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may:
 - contact your health insurer to certify that you are eligible for benefits (and for what range of benefits);
 - provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment;
 - use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members; and/or
 - use your PHI to bill you directly for services and items.

D. WE MAY USE AND DISCLOSE YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

1. **Public Health Risks.** Lattimore Community Surgicenter may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintenance of vital records and registries, such as births and deaths
 - Mandatory reporting, such as child abuse or neglect
 - Preventing or controlling disease, injury or disability
 - Notification of a person regarding potential exposure to a communicable disease
 - Notification of a person regarding a potential risk for spreading or contracting a disease or condition
 - Reporting reactions to drugs or problems with products or devices
 - Notification of an individual if a product or device they may be using has been recalled
 - Notification of the appropriate government agency and authority regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
 - Notification of your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities.** Lattimore Community Surgicenter may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, licensure, accreditation, investigations, inspections, audits, surveys, disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings.** Lattimore Community Surgicenter may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a) a discovery request, b) subpoena, or c) other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:
 - Regarding crime victims, if unable to obtain the person's agreement
 - Concerning a death we believe has resulted from criminal conduct
 - Regarding criminal conduct at our offices
 - In response to a warrant, summons, court order, subpoena or legal process
 - To identify/locate a suspect, material witness, fugitive or missing person

- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
5. **Deceased Patients.** Lattimore Community Surgicenter may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
 6. **Organ and Tissue Donation.** Lattimore Community Surgicenter may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
 7. **Research.** Lattimore Community Surgicenter may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when:
 - our use or disclosure was approved by an Institutional Review Board or a Privacy Board;
 - we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your PHI is being used only for the research and (iii) the researcher will not remove any of your PHI from the Surgicenter; or
 - the PHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the PHI of the decedents.
 8. **Serious Threats to Health or Safety.** Lattimore Community Surgicenter may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
 9. **Military and Veterans.** Lattimore Community Surgicenter may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
 10. **National Security.** Lattimore Community Surgicenter may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
 11. **Inmates.** Lattimore Community Surgicenter may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) or the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
 12. **Workers' Compensation.** Lattimore Community Surgicenter may release your PHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to our Privacy Officer at 125 Lattimore Road, Rochester, NY 14620 or (585)

473-9000. We will be glad to send you the form to identify the requested method of contact, or the location where you wish to be contacted. The Surgicenter will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. Since you must make your request in writing, we will be glad to send you the form to clearly and concisely identify:

- 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.

Contact our Privacy Officer at 125 Lattimore Road, Rochester, NY 14620 or (585) 473-9000.

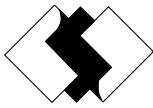
3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to our Privacy Officer at 125 Lattimore Road, Rochester, NY 14620 or (585) 473-9000. We will be glad to send you the form to request to inspect and/or obtain a copy of your PHI. Lattimore Community Surgicenter may charge a fee for the costs of copying, mailing, labor and supplies associated with your request, and is entitled to a 10 business days to comply with your request (30 days with a written reasonable explanation). Lattimore Community Surgicenter may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.

4. 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 Lattimore Community Surgicenter. Since your request must be made in writing, we will be glad to send you the form to request such amendment and to provide us with a reason that supports your request for amendment. Contact our Privacy Officer at 125 Lattimore Road, Rochester, NY 14620 or (585) 473-9000. We may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures the Surgicenter has made of your PHI for non-treatment or operations purposes. (Use of your PHI as part of the routine patient care in the Surgicenter is not required to be documented for "accounting of disclosures". For example, the doctor sharing PHI with your nurse in the recovery room; or the billing department using your PHI to file your insurance claim). In order to obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer at 125 Lattimore Road, Rochester, NY 14620 or (585) 473-9000. We will be glad to send you the form to request an "accounting of disclosures." The request must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but you may be charged for additional lists within the same 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

- 6. Right to a Paper Copy of This Notice.** Today, you are receiving a paper copy of our notice of privacy practices. You may ask us for an additional copy of this notice at any time. To obtain an additional paper copy of this notice, contact our Privacy Officer at 125 Lattimore Road, Rochester, NY 14620 or (585) 473-9000.
- 7. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with Lattimore Community Surgicenter or with the Secretary of the Department of Health and Human Services. To file a complaint with the Surgicenter, contact our Privacy Officer at 125 Lattimore Road, Rochester, NY 14620 or (585) 473-9000. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- 8. Right to Provide an Authorization for Other Uses and Disclosures.** Lattimore Community Surgicenter will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time by you in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. If you contact our Privacy Officer at 125 Lattimore Road, Rochester, NY 14620 or (585) 473-9000, we will be glad to send you the Authorization form to request any use or disclosure of your PHI.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer at 125 Lattimore Road, Rochester, NY 14620 or (585) 473-9000.



NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE;

This notice is in effect as of April 14, 2003.

ACKNOWLEDGEMENT

I acknowledge that I have been offered to review and receive a copy of Lattimore Community Surgicenter's Notice of Privacy Practices:

Name of Patient (PRINT)

Signature of Patient

Date

Signature of Parent, if minor, or
Representative Guardian

Relationship to Patient

Date

Witness

Date

(This signature page to be filed in medical record).