

PHILADELPHIA SURGI CENTER, INC.

Effective Date: April 14, 2003

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.

PURPOSE AND EFFECTIVE DATE

The purpose of this notice (“Notice”) is to inform you of how your patient information will be handled as a result of new privacy regulations required under a federal law, the Health Insurance Portability and Accountability Act of 1996. This law protects information about you or your medical condition that identifies you as a patient (sometimes referred to as “protected health information” or “PHI”). This Notice describes the privacy practices that will be followed by Philadelphia Surgi Center, Inc. (the “Surgi Center”), and others who are permitted to use or disclose your medical information, as well as the Surgi Center’s legal obligations regarding the use or disclosure of your health information and your rights with respect to the Surgi Center’s use and disclosure of such information. This Notice will be effective on April 14, 2003.

OUR LEGAL OBLIGATIONS TO YOU

The Surgi Center is required by law to: (a) maintain the privacy of your PHI; (b) provide you with notice of the Surgi Center’s legal duties and privacy practices with respect to PHI; and (c) abide by the terms described in this Notice.

1. Uses and Disclosures of Protected Health Information

A. Description of Uses and Disclosures of Protected Health Information for Treatment, Payment or Surgi Center Health Care Operations

You will be asked by Surgi Center to sign a consent form and an acknowledgement of receipt of this Notice. When we obtain your consent, or you acknowledge in writing your receipt of this Notice, or you fail to acknowledge receipt but we make a good faith effort to obtain a written acknowledgement (which we document along with the reasons for the failure), and in certain other circumstances, we are permitted by law to use or disclose your PHI for treatment, payment and Surgi Center health care operations. Some examples of the ways in which we may use and disclose PHI for these purposes are described below. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by the Surgi Center once you have provided consent or acknowledged receipt of this Notice.

Treatment. We may use and disclose your PHI to provide treatment for your medical condition, coordinate or manage your health care and provide related services. Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. This includes the treatment for your medical condition and the coordination or management of your health care with another health care provider. For example, we may disclose your PHI, as necessary, to a home health agency that provides care to you. We may also disclose PHI to other physicians who may be treating you or otherwise assisting in the provision of care to you. For example,

your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to treat you. In addition, we may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your treatment.

Payment. We may also use and disclose PHI about you to obtain payment for the health care services that we provide to you. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may tell your health plan about a treatment recommended for you in order to obtain prior approval or to determine whether your plan will cover the treatment. We may need to give your health plan information about treatment you received so your health plan will pay us or reimburse you for that treatment. We may also disclose PHI about you to a third party for the payment activities of such party. For example, we may be asked to disclose your PHI to another provider in order to support the medical necessity of that provider's care to you for purposes of payment to the provider.

Health Care Operations. We may use and disclose your PHI in order to support the business activities and operations of the Surgi Center. These uses and disclosures are necessary to run the Surgi Center. For example, we may use PHI to review our treatment and services and the performance of our staff in caring for you. We may also, under limited circumstances, disclose your PHI to a third party caring for you, which is necessary to support its health care operations. For example, the disclosure of PHI to a third party may be necessary for such third party's quality assessment and improvement activities or a review of the competence of its providers treating you.

We may also disclose your PHI to third party "business associates" that perform various activities (e.g., billing, insurance, accounting and medical transcription services) for or on behalf of the Surgi Center. Whenever an arrangement between the Surgi Center and a business associate involves the use or disclosure of your PHI, we will have a written agreement with the business associate that is intended to protect the privacy of your PHI.

Treatment Alternatives. We may use or disclose your PHI, as necessary, to provide you with information about treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may send you information about products or services that we believe may be beneficial to you. Under certain circumstances, we may use and disclose your PHI for other marketing activities as well. For example, your name and address may be used to send you a newsletter about our services we offer. You may contact our Privacy Department to request that these materials not be sent to you.

Fundraising Activities. We may use your PHI to contact you in an effort to raise money for the Surgi Center. We may disclose your name and address and the dates you received services to a foundation that is affiliated with the Surgi Center or a third party business associate so that either party may contact you in raising money for the Surgi Center. If you do not want to receive these materials, please contact our Advertising Department at 215-969-1048 and request that these fundraising materials not be sent to you.

Training Purposes. We may use and disclose your PHI for purposes of providing training and education to medical school students and/or residents who treat patients at the Surgi Center.

Appointment Reminders. We may use or disclose your PHI, as necessary, to contact you as a reminder that you have an appointment at the Surgi Center. This may be done via an automated calling system.

Emergencies. We may use or disclose your PHI in an emergency treatment situation. Under these circumstances, the Surgi Center will try to obtain your consent as soon as reasonably practicable after the delivery of treatment to you. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to do so, he or she may still use or disclose your PHI to treat you.

Communication Barriers. We may use and disclose your PHI if your physician or the Surgi Center attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician or the Surgi Center determines, in the exercise of professional judgment, that your consent to receive treatment is clearly inferred from the circumstances.

B. Pennsylvania Law Preemption.

1. Confidentiality of Medical Records

- a) **Ambulatory Surgical Facilities.** Medical records of individuals of the Surgi Center will be treated as confidential. Only authorized personnel will have access to such records. The written authorization of the patient will be presented and then maintained in the original record as authority for release of medical information outside of the Surgi Center.

Medical records of the Surgi Center may not be removed from the Surgi Center except for court purposes pursuant to a valid subpoena issued by a court of competent jurisdiction requiring the production of such records and copies may be made available for authorized appropriate purposes, such as insurance claims and practitioners.

- b) **Medical Practice Act.** Physicians are prohibited from revealing personally identifiable facts, obtained as a result of a physician-patient relationship, without the prior consent of the patient, except as authorized or required by statute.

2. Reports of Disease or Injury or Conduct of Public Health Surveillance

The Surgi Center may make required reports of diseases or injuries or for the conduct of public health surveillance in accordance with applicable state law.

C. Uses and Disclosures of Protected Health Information Requiring an Opportunity For You to Agree or Object

We may use or disclose your PHI without your consent or authorization in limited circumstances when you are informed in advance of the use and disclosure and you have the opportunity to agree, object, or limit the use or disclosure. Unless you advise us of your objection to these uses, we will assume that you agree that we may use your PHI as described in this section. The types of uses or disclosures that require us to provide you with an opportunity to agree or object are set forth below. [note: as part of the registration process, the Surgi Center should advise the patient of his/her rights under this section and obtain agreement for such use, which should then be noted.]

Clinic Directory. While you are a patient at the Surgi Center, we may include limited information about you in our directory. This information may include your name, location in the Surgi Center, your general condition (e.g., fair, stable, etc.) and your religion. Your location and condition may also be released to people who ask for you by name. Your religion may be given to a member of the clergy, such as a priest, minister or rabbi. This is so your family, friends and clergy can visit you at the Surgi Center and generally know how you are doing. If you do not want us to list this information in our directory and provide it to clergy or others, you must tell us that you object.

Individuals Involved in Your Health Care. We may disclose PHI about you to a family member, relative, close friend or anyone you identify who is involved in your medical care or to someone who helps pay for your care. These disclosures will be limited to the PHI that is directly relevant to the individual's involvement in your care or payment for your care.

Notification Identification and Location of Others and Disaster Relief. We may use or disclose PHI to notify, identify or locate relatives and personal custodians to inform them of your health status, condition, or death. We may disclose your PHI to a public or private entity authorized by law to assist in disaster relief efforts. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in connection with your family and others.

D. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

In certain circumstances, we may use or disclose your PHI without your consent, authorization or agreement. Some of the types of uses or disclosures that may be made without your permission are set forth below, but not every use or disclosure of this type is listed.

Required By Law. We will disclose PHI about you to the extent that we are required to do so by federal, state or local law.

Public Health and Health Oversight Activities. As required by law, we may disclose to a public health authority PHI about you for public health activities that may include:

- Prevention and control of disease, injury or disability;
- Providing notice to a person who may be at risk for contracting or spreading a disease or condition; and
- Reporting and prevention of neglect, domestic violence or abuse, consistent with applicable federal and state law.

We may disclose PHI to an agency responsible for overseeing health care activities authorized by law. Health oversight activities include audits, investigations, inspections, proceedings, and licensure and disciplinary actions or other activities necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to government regulatory programs or civil rights laws.

FDA Reporting. We may disclose your PHI to non-government entities subject to regulation by the Food and Drug Administration regarding the quality, safety and effectiveness of FDA-regulated products and activities, including:

- Collecting or reporting of reactions to medications or problems with medical devices; and
- Providing notice of drug or medical device recalls.

Legal Proceedings. We may disclose your PHI as part of a judicial or administrative proceeding, in response to a court or administrative order. In response to a subpoena, discovery request or other lawful process that is not accompanied by a court or administrative order, we may only produce the information if we receive satisfactory assurance from the party seeking the information that reasonable efforts have been made to tell you about the request for your PHI or to obtain an order protecting the information requested. If we do not receive this satisfactory assurance, we will not disclose any PHI under these circumstances unless we make reasonable efforts to notify you of the request for your PHI or we seek a qualified protective order from a court or administrative tribunal to protect the information requested. In any case, we will only disclose the amount and type of information that is expressly required or authorized by the request or order.

Law Enforcement. We may release PHI to law enforcement officials under limited circumstances for purposes of: (1) responding to a court order, subpoena, warrant, summons or similar process, (2) identifying or locating a suspect, fugitive, material witness or missing person, (3) responding to a request for information about the victim of a crime, (4) responding to a request for information about a death we believe may be the result of criminal conduct, (5) responding to a request for information about criminal conduct on the premises of the Surgi Center, and (6) in emergency circumstances to report a crime.

Coroners, Medical Examiners and Funeral Directors. We may release PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining the cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI about patients of the Surgi Center to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation. We may release PHI 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.

To Prevent a Serious Threat to Health or Safety. We may disclose your PHI when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person.

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

National Security and Intelligence Activities. We may disclose PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protected Services for the President and Others. We may disclose PHI about you to authorized federal officials so they may provide protection to the President, certain other governmental persons or foreign heads of state.

Workers' Compensation. We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illnesses.

Correctional Institutions. Under certain circumstances, we may use or disclose protected information of patients who are inmates of a correctional facility.

Research. In the absence of an authorization, we may disclose PHI to researchers:

- If the research has been approved by an Institutional Review Board or a Privacy Board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. This might be used, for example, to conduct records research, when researchers are unable to use de-identified information and it is not practicable to obtain research participants' authorization; or
- If we have received representations from the researcher, either in writing or orally, that the use or disclosure of the PHI is solely to prepare a research protocol or for similar purposes preparatory to research, that the researcher will not remove any PHI from the Surgi Center and that PHI for which access is sought is necessary for the research purpose. This provision might be used, for example, to design a research study or to assess the feasibility of conducting a study; or
- If we have received representations from the researcher, either in writing or orally, that the use or disclosure being sought is solely for research on the PHI of decedents, that the PHI being sought is necessary for the research, and, at the request of the Surgi Center, documentation of the death of the individuals about whom information is being sought.

Limited Data Set. We may use or disclose to a third party a limited data set, which is PHI about you which excludes certain direct identifiers, solely for the purposes of research, public health or Surgi Center health care operations. If we use or disclose a limited data set to a recipient, we will enter into a data use agreement with the recipient and obtain satisfactory assurances from the recipient that the PHI in the limited data set will only be used for limited purposes.

E. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

We may make other uses and disclosures of your PHI not covered by this Notice. Unless otherwise permitted or required by law, these uses and disclosures will be made only with your written authorization. For example, most uses and disclosures of PHI for the purpose of research will require your written permission, except as otherwise described in this Notice or as permitted by law.

If you give permission to use or disclose PHI about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose PHI as had been permitted by your written authorization. We are, however, unable to take back any disclosures we have already made with your permission.

2. Your Rights Regarding Your Protected Health Information

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

Right to Request Restrictions. You have the right to request that we restrict the use or disclosure of PHI about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI 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 medication prescribed to you. The Surgi Center is not, however, required to agree to any restriction requested by you under this paragraph. If we

agree, we will comply with your request unless the information is needed to provide you emergency treatment, or as otherwise permitted by law.

To request restrictions, you must make your request in writing. To obtain a Request for Restrictions form contact our Administrative Department at 215-969-1048. In your request, you must tell us: (a) what information you want to limit; (b) whether you want to limit our use, disclosure or both; and (c) to whom you want the limits to apply – for example, disclosures to your spouse.

Right to Inspect and Copy. You have the right to inspect and copy PHI that may be used to make decisions about your care. This includes medical records, but does not include psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits your access to such information.

To inspect and copy PHI, you must submit your request in writing to our Medical Records Department at 215-969-1048. If you request a copy of the information, we may charge you a reasonable fee for the costs of copying, mailing or other costs associated with your request.

For an additional charge, you may also request a summary and/or explanation of the PHI that we use to make decisions about your care. We will advise you of the then-current fee for this optional service, and if you agree in advance to this arrangement, we will provide the information to you.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI, you may be able to request a review of that decision. Depending on the circumstances, the decision to deny access may or may not be reviewable. If you make such a request, we will notify you as to whether the decision is reviewable. If reviewable, another health care professional chosen by the Surgi Center 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 Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at an alternate location. For example, you may ask that we only contact you at the office or only by mail. If your request is reasonable, we will accommodate it.

To request confidential communications from us by an alternate means or at an alternative location, you must make your request in writing to our Administrative Department. Your request must specify how or where you wish to be contacted. To obtain a copy of a Confidential Communications request form, please contact our Administrative Department at 215-969-1048.

Right to Amend. If you believe that PHI 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 the Surgi Center.

To request an amendment, your request must be made in writing and submitted to our Administrative Department. To obtain a Request for Amendment Form, please contact our Administrative Department at 215-969-1048. In addition, we will require you to provide us with a reason in support of your request.

We may deny your request for amendment if it is not in writing. We may also deny your request if it 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 PHI kept by the Surgi Center;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete

If your request to amend your medical information is denied, you may file a statement of disagreement with us. You also have a right to a copy of our rebuttal statement, if we choose to prepare one.

Right to an Accounting of Disclosures. Subject to certain limitations, you have the right to request an accounting of disclosures of your PHI to third parties made by the Surgi Center during the six (6) years prior to the date of your request. You are not, however, entitled to any disclosures:

- Related to treatment, payment or health care operations of the Surgi Center;
- Made to you;
- Incident to a use or disclosure otherwise permitted or required pursuant to a 45 C.F.R. §164.502 (which do not provide you with an opportunity to agree or object or require your authorization);
- Made for the Surgi Center's directory or to persons involved in your care or as otherwise permitted under Section 1.B. above;
- Pursuant to an authorization;
- For national security or intelligence purposes;
- To correctional institutions or law enforcement officials;
- Made as part of a limited data set; or
- Made prior to April 14, 2003.

To request an accounting of disclosures, you must submit your request in writing to our Administrative Department. Your request must state a time period not longer than six (6) years, and the time period cannot extend to dates before April 14, 2003. The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the costs of providing the list.

Right to a Paper Copy of this Notice. You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, please contact our Administrative Department.

An electronic copy of this Notice will be posted at our website when it becomes operational.

3. Changes to this Notice

The Surgi Center reserves the right to change this Notice and to make the revised Notice effective for PHI currently in our possession and for any PHI we receive in the future. We will post a copy of the current Notice at the Surgi Center. The effective date will be noted in the top right-hand corner of the first page of the Notice. Each time you are registered at the Surgi Center for treatment or health care services we will offer you a copy of our current Notice. Unless and until changes to the Notice are made, the Surgi Center is required by law to comply with this Notice. You will be able to tell when changes have been made to our Notice of Privacy Practices by referring to the upper right-hand corner of the Notice, which will include the revision date of that Notice.

4. Complaints

If you believe that we have violated your privacy rights, you may file a complaint with us or the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact Margaret Ehrhardt of our Administrative Department at (215) 959-1048. All complaints must be submitted in writing. There will be no retaliation against you for filing a complaint.

5. Questions and Requests for Further Information

If you want additional information or have any questions about this Notice please contact:

Margaret Ehrhardt, Privacy Officer at (215) 959-1048.

To contact our Medical Records Department, please call us at **215-969-1048**