

Miracle Mile Outpatient Surgery Center
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.

This notice takes effect on April 1, 2003 and remains in effect until we replace it.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

Miracle Mile Outpatient Surgery Center (MMOSC) understands that your medical information is personal and we are committed to protecting medical information about you. MMOSC creates a record of the care and services you receive at our 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 MMOSC, whether made by MMOSC personnel or your personal doctor.

This notice will tell you about the ways MMOSC may use and disclose medical information about you. We also describe your rights and certain duties 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;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Follow the terms of the notice that are currently in effect.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Unless otherwise required by law, your health record is the physical property of the Miracle Mile Outpatient Surgery Center. The information contained therein belongs to the patient.

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. You may request that MMOSC provide you copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request for copies of your medical record in writing. If you request copies, there is a \$25.00 processing fee.

You have the right to request an "accounting of disclosures." This is a list of the disclosures MMOSC made of medical information about you regarding your medical care, payment, surgery center operations, and the times we or our business associates shared your medical information for purposes other than treatment, payment and health care operations. To request this list of disclosures, you must submit your request in writing to our HIPPA Compliance Officer at the MMOSC. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12 month period will be free. For additional lists, MMOSC will charge you \$25.00 for processing your request.

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or surgery center operations. We are not required to agree to your request. If we do agree, we will abide by our agreement unless the information is needed to provide you emergency treatment

You have the right to request confidential communications. You may request that MMOSC 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. Your request that we communicate your medical information to you by different means or at different locations must be made in writing addressed to the Miracle Mile Outpatient Surgery Center.

You have the right to request that we change your medical information. If you believe that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request

must be made in writing and submitted to the MMOSC Medical Director. In addition, you must provide a reason that supports your request.

We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

RESPONSIBILITIES OF THE MIRACLE MILE OUTPATIENT SURGERY CENTER:

The Miracle Mile Outpatient Surgery Center is required to maintain the privacy of your health information. In addition, provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. MMOSC must abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations. We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address that you have supplied us with. If we maintain a Web site that provides information about our customer services or benefits we will post our new notice on that Web site. We will not use or disclose your health information without your authorization, except as described in this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions and would like additional information, you may contact the HIPPA Compliance Officer at the Miracle Mile Outpatient Surgery Center at (323) 964-0866. If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION:

We will use your health information for treatment. Information supplied by you or by a healthcare practitioner will be recorded in your chart and used to determine the course of treatment that should work best for you. For example: Your physician/s will send your clinical notes and laboratory results to the surgery center and these are then filed in your chart. Members of the surgery center staff will record the actions they took and their observations. We will also provide your other practitioners with a copy of the operative report.

We will use your health information for payment. A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis. Examples of these are copies of physician's notes, operative reports, list of supplies used, anesthesia records and nursing records.

We will use your health information for regular health operations. For example: members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business Associates: There may be some services provided in our facility through a business associate. Examples include laboratory and pathology services, billing services, radiology, and vendors of specific surgical supplies required for your operation. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we've asked the to do. To protect your health information, we require the Business Associate to appropriately safeguard your information.

ADDITIONAL USES AND DISCLOSURES

Notification: In the event of an emergency, medical information will be provided to notify or help notify: a family member, your personal representative or another person responsible for your care. We will share information about your location and general condition. If you are present, we will secure your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

Disaster Relief: Medical information may be provided to a public or private organization or person who can legally assist in disaster relief efforts.

Research in Limited Circumstances: Medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information. MMOSC will always ask for your specific permission if the researcher will have access to your name, address or other information that reveals your identity.

Public Health Activities: As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect or Domestic Violence: We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

Funeral Director, Coroner, Medical Examiner, Organ procurement organizations: We may disclose health information to funeral directors, coroners, medical examiners or organ procurement organizations in order for them to carry out their duties.

Court Orders and Judicial and Administrative Proceedings: We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, we may share the medical information of a suspect, fugitive, material witness, crime victim or missing person.

Workers Compensation: We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs established by law.

Law Enforcement: Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises and crimes in emergencies.

Health Oversight Activities: We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative or criminal investigations or proceedings, inspections, licensure or disciplinary actions or authorized activities.

PRIVACY PRACTICES ACKNOWLEDGEMENT:

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name _____ Birthdate _____

Signature _____ Date signed _____