

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.

Treatment:

Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, a report of your operation or results of your MRI will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment:

Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations:

Your health information may be used as necessary to support the day-to-day activities and management of the Surgery Center. For example, information on the services you received may be used for budgeting, financial reporting and quality assurance activities.

Law enforcement:

Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Public health reporting:

Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the Alaska public health department.

Appointment reminders:

Your health information may be used by our staff to send you appointment reminders.

Information about treatments:

Your health information may be used to send you information on treatment and management related to your medical condition. We may also send you information describing other health related goods and services that we believe may be of interest to you.

Other uses and disclosures require your authorization.

Disclosure of your health information or its uses for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your health information, you may submit a written revocation of the authorization. However, your revocation will not undo any use or disclosure of information that occurred before you provided us with the written revocation.

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Individual Rights

You have certain rights under the federal privacy standards. They include:

- The right to request restrictions on the use and disclosure of your Protected Health Information (PHI).
- The right to receive confidential communications regarding your medical condition and treatment.
- The right to inspect and obtain a copy your PHI.
- The right to change or submit corrections to your PHI.
- The right to receive an accounting of how and to whom your PHI has been disclosed.
- The right to receive a printed copy of this notice.

Center Duties

We are required by law to maintain the privacy of your PHI and to provide you with this notice of privacy practices.

We are also required to follow the privacy policies and practices that are described in this notice.

We reserve the right to change a privacy practice and have that change apply to all health information it maintains.

Requests to Inspect Protected Health Information (PHI)

If you wish to inspect or copy your PHI, you must submit a request in writing. You may obtain a form from our receptionist or privacy officer.

Complaints

If you would like to submit a comment or complaint about our privacy practices or if you believe that your privacy rights have been violated, you may send a letter to:

Facility Asst. Administrator:

Kirk Friedel, CPA

4275 Burnham Ave., #101
Las Vegas, NV 89119

702-489-3555

Secretary of Health and Human Services

www.hhs.gov

select HIPAA; *select* How to file a Complaint