



WESTFALL SURGERY CENTER, LLP

1065 Senator Keating Blvd.
Rochester, NY 14618-2673
(585) 256-1330

WESTFALL SURGERY CENTER, LLP

“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***

Westfall Surgery Center Notice of Privacy Practices

Notice Effective Date: **September 23, 2013**

THIS NOTICE DESCRIBES WESTFALL SURGERY CENTER'S PROTECTED HEALTH INFORMATION PRACTICES AND THAT OF:

- All health care professionals authorized to enter information into your medical record.
- All employees, staff, and other Westfall personnel.

All the above mentioned individuals follow the terms of this notice. In addition, these entities may share medical information with each other for treatment, payment, or health care operations as described in this notice.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION:

We believe that your medical information is personal, and we are committed to protecting that information about you. We create a record of the care and services you receive at Westfall and use this record to provide quality care and to comply with certain legal requirements. This notice applies to all of the medical records generated by Westfall Surgery Center and to information provided by your personal doctor. Your personal doctor may have different policies or notices regarding use and disclosure of the medical information created in the doctor's office or clinic.

This notice describes the ways in which we may use and disclose your medical information. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure 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 is currently in effect;
- Make a good faith effort to obtain from you an acknowledgment of receipt of this notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following describes different ways that we use and disclose medical information about you *without a written authorization*. For each use or disclosure, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

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FOR TREATMENT:

We use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, podiatrists, nurses, technicians, or other Westfall Surgery Center personnel who are involved in taking care of you while at Westfall. For example, you may be asked to complete a health history form prior to your procedure for review by the nurses and physicians involved in your care. Upon review, the nurse, surgeon/physician or anesthesiologist may determine that further health information is needed from your primary care physician or other physicians involved in your health care. In addition, if an anesthesiologist is involved in your care at Westfall, he will call you prior to your procedure to gather additional pre-operative health information. We also may disclose information about you to people outside of Westfall Surgery Center such as your family members or care givers as part of our discharge instruction process. In the unlikely event of a transfer to an acute care facility, Westfall will provide a copy of your health information to the hospital you are being transferred to for continuity-of-care purposes.

FOR PAYMENT:

We may use and disclose health information about you so that the treatment and services you receive at Westfall may be billed and payment may be collected from an insurance company, a third party, or you. For example, we may be required to submit to your health insurer information about your procedure at Westfall so they will pay us directly or reimburse you for the procedure. In addition, insurers may require copies of your medical records in order to reimburse Westfall for your procedure. We may also provide the surgeon and anesthesiologist (or their billing representative) involved in your care with copies of your health information for reimbursement or continuity-of-care purposes.

FOR HEALTH CARE OPERATIONS:

We may use and disclose health information about you in order to operate the surgery center and assure that all our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of staff who care for you. We may share your protected health information with third party “business associates” that perform various activities (e.g., billing, transcription services) for us. Whenever an arrangement between Westfall and a business associate involves the use or disclosure of your protected health information, we will have a written contract that will protect the privacy of your protected health information.

We may also use health information for peer review and quality assurance activities as part of Westfall's Quality Improvement/Risk Management program. Accrediting and licensing agencies such as the Accreditation Association for Ambulatory Healthcare (AAAHC) and the New York State Department of Health may also use your health information when conducting regulatory activities at Westfall. We may also submit health information to external agencies such as the State Planning and Research Cooperative System (SPARCS) as part of a mandatory state-wide data collection effort. External agencies such as SPARCS may use it to study health care and health care delivery systems without knowledge of who the specific patients are.

APPOINTMENT REMINDERS:

We may use and disclose medical information to contact you as a reminder that you have a procedure scheduled at Westfall.

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TREATMENT ALTERNATIVES:

Westfall may use or disclose your health information to inform you about treatment alternatives.

AS REQUIRED BY LAW:

We will disclose medical information about you when required to do so by federal, state, or local law.

TISSUE / IMPLANT TRANSPLANTATION:

If you receive tissue, organ or an implant transplant during your procedure at Westfall, we may release health information to the organization that obtains tissue or manufactures the implant.

MILITARY AND VETERANS:

If you are a member of the United States armed forces, we may use or disclose health information about you as required by military command authorities. If you are a member of a foreign military service, we may also use or disclose health information about you to foreign military authorities.

WORKERS' COMPENSATION:

We may release health information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

COMMUNICABLE DISEASES:

Westfall may disclose your health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of spreading a disease or condition.

PUBLIC HEALTH RISKS:

We may disclose health information about you for public health activities which generally include the following:

- to prevent or control disease, injury, or disability
- to report child abuse or neglect
- to report reaction to medications or problems with products/equipment
- to notify people of recalls of products they may be using
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

OTHERS INVOLVED IN YOUR CARE AND DISASTER RELIEF:

Unless you object, Westfall may disclose to a family member, other relative, close personal friend, or any other person identified by you, health information related to that person's involvement in your health care or payment related to your health care. Additionally, Westfall may disclose health information relating to your location and general condition to any public or private entity authorized to assist in disaster relief efforts.

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FOOD AND DRUG ADMINISTRATION:

Westfall may disclose health information to a person subject to the jurisdiction of the Food and Drug Administration (FDA) for the purpose of activities related to the quality, safety, or effectiveness of FDA regulated products.

HEALTH OVERSIGHT ACTIVITIES:

We may release health information for health oversight activities authorized by law. Oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:

Westfall may, upon certain conditions, 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, a subpoena, discovery request, or other lawful purposes.

LAW ENFORCEMENT:

In certain instances, your health information will be disclosed to law enforcement. These instances may include: complying with subpoenas; court orders; court-ordered warrants; information for identification and location purposes; information regarding a person who is or is suspected of being a crime victim (in the event of a crime on the premises of Westfall); or for reports of abuse, neglect, or domestic violence.

NATIONAL SECURITY AND PROTECTION OF THE PRESIDENT AND OTHERS:

Westfall may disclose your health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by law. Additionally, Westfall may disclose your protected health information to authorized federal officials for the provision of protective services to the President, foreign heads of state, or other people authorized by law and to conduct investigations authorized by law.

INMATES:

Westfall may disclose your health information to a correctional institution or a law enforcement official if you are an inmate. Disclosure of your health information may be necessary to provide care to you or may be necessary for the health and safety of other individuals or inmates.

SIGN-IN-SHEET:

Westfall may use a sign-in-sheet at the registration desk. We may also call your name in the waiting room when your surgeon/physician is ready for you.

USES AND DISCLOSURES, OTHER THAN THOSE DESCRIBED ABOVE, WILL BE MADE ONLY WITH YOUR WRITTEN AUTHORIZATION.

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NEW YORK LAW:

To the extent that the uses and disclosures described in this Notice are materially limited or prohibited, or your rights are expanded by applicable provisions of New York law, Westfall intends to comply with the provisions of such law.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

You have the right to:

- Revoke any Authorization at any time. To exercise this right, you must submit a written request to Westfall's Privacy Officer.
- Request restrictions on certain use and/or disclosure of your health information as provided by law. However, Westfall is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Westfall Privacy Officer. In your written request, you must inform Westfall of what information you want to limit, whether you want to limit Westfall's use or disclosure or both, and to whom you want the limits to apply. If Westfall agrees to your request, we will comply unless the information is needed in order to provide you with emergency treatment. However, we must agree to your request to restrict disclosure of your protected health information to a health plan if the disclosure is for the purposes of obtaining payment for your health care or other operations of our practice and is not otherwise required by law and we have been paid in full for the treatment we provided related to the protected health information you have asked us not to disclose.
- Receive confidential communications or health information by alternative means or at alternative locations. You must make your request in writing to the Westfall Privacy Officer. Westfall will accommodate all reasonable requests.
- Inspect and copy your protected health information as provided by law. To inspect and copy your protected health information, you must submit a written request to the Westfall Privacy Officer. Westfall can charge you a fee for the copying associated with your request. In certain situations defined by New York State Public Health Law, Section 18, Westfall may deny your request. You have the right to have the denial reviewed as set forth more fully in the written denial notice.
- Amend your protected health information as provided by law. To request an amendment, you must submit a written request to Westfall's Privacy Officer. You must provide a reason that supports your request. Westfall may deny your request for the following reasons: if it is not in writing; if you do not provide a reason in support of your request; if the information to be amended was not created by Westfall (unless the individual or entity that created the information is no longer available); if the information is not part of your health information maintained by Westfall; if the information is not part of the information you would be permitted to inspect and copy; and/or if the information is accurate and complete. If you disagree with Westfall's denial, you will have the right to submit a written statement of disagreement.

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- Receive an accounting of disclosures of your health information as provided by law for a period of up to six years prior to the date of your request. To receive an accounting, you must submit a written request to Westfall's Privacy Officer stating the time period for which you wish to receive an accounting. Any accounting you request will not include: 1) disclosures made to carry out treatment, payment, or health care operations; 2) disclosures made to you; 3) disclosures made pursuant to an authorization given by you; 4) disclosures made to other people involved in your care or made for notification purposes; 5) disclosures made for national security or intelligence purposes; 6) disclosures made to correctional institutions or law enforcement officials; or 7) disclosures made prior to April 14, 2003. Westfall will provide you one free accounting during each twelve month period. If you request additional accountings during the same twelve month period, you may be charged for all costs incurred in preparing and providing the accounting. Westfall will notify you of the fee in advance.
- Complain to Westfall or the Secretary of Health and Human Services if you believe your privacy rights have been violated. Complaints to the Secretary must be within 180 days of when the complainant knew or should have known that the act or omission occurred. To file a complaint with Westfall, you must contact the Privacy Officer. All complaints must be in writing. Westfall will not retaliate against any individual who files a complaint.
- Receive a paper copy of this notice.

Breach Notification:

We must notify you if we learn that your protected health information may have been subject to unauthorized acquisition, access, use or disclosure.

Westfall reserves the right to change this notice and to make the revised Privacy Notice effective for all your protected health information that it maintains. Each time you are a patient at Westfall Surgery Center, we will offer you a copy of the current notice in effect.

Westfall Surgery Center's Privacy Officer is **Jane Osburn, RHIA, Manager, Health Information**. You may contact Jane at **(585) 256-1330**.