

**KEARNEY AMBULATORY SURGICAL CENTER, L.L.C.
dba HEARTLAND SURGERY CENTER**

JOINT NOTICE OF PRIVACY PRACTICES

Effective Date: April 1, 2014

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.

If you have any questions about this Notice of Privacy Practices ("Notice"), please contact:

Center's Privacy Officer: Anita Huddleston
Phone Number: 308-865-2670

Section A: Who Will Follow This Notice?

This Notice describes the privacy practices of Heartland Surgery Center ("Center") and the independent health care providers who belong to the Center's medical staff ("Providers"). Such Providers include the anesthesiologists and radiologists who provide medical services as a part of your surgery. The Center and Providers are referred to as "we" in this Notice. If you would like a listing of the Providers covered by this Notice, please contact the Center's Privacy Officer. The Center and its Providers must be able to share your medical information for treatment, payment and health care operations. Therefore, the Center and Providers have entered into an "organized health care arrangement" whereby:

- A joint notice of privacy practices (this Notice) will be used for all patient visits at the Center.
- The Center will obtain a signed acknowledgement of receipt of this Notice.
- The Center and Providers will share medical information from patient visits at the Center so they can assist with their respective health care operations.
- The Center and Providers will follow the privacy practices described in this Notice for medical services provided at the Center.

Section B: Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the Center. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice will tell you about the ways in which we may use and disclose medical information about you. 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 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; and
- Follow the terms of the Notice that is currently in effect.

Section C: How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures 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.

- **Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. The Center and Providers also may share medical information about you in order to coordinate different services, such as prescriptions, lab work and x-rays.
- **Payment.** We may use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the procedure. We may also tell your health plan about a prescribed treatment to obtain prior approval or to determine whether your plan will cover the treatment.
- **Healthcare Operations.** We may use and disclose medical information about you to operate our business. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also utilize medical information to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose medical information to doctors, nurses, technicians, health care students, and other personnel for review and learning purposes. We may also utilize the medical information to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning a patient's identity.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We may use information about you to contact you in an effort to raise money for our organization. The information released will only include contact information, such as your name, address and phone number and the dates you received treatment or services at the Center. If you do not want to be contacted for fundraising efforts, you must notify us in writing and you will be given the opportunity to 'opt-out' of these communications.
- **Authorizations Required.** We will not use your medical information for any purposes not specifically allowed by Federal or State laws or regulations without your written authorization.

- **Emergencies.** We may use or disclose your medical information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you.
- **Psychotherapy Notes.** Psychotherapy notes are accorded strict protections under several laws and regulations. Therefore, we will disclose psychotherapy notes only upon your written authorization with limited exceptions.
- **Communication Barriers.** We may use and disclose your medical information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.
- **Provider Directory.** We may include certain limited information about you in the Center's directory while you are a patient. This information may include your name, location at which you are receiving care, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. This is so your family, friends and clergy can visit you at the Center and generally know how you are doing. If you do not want us to use or disclose such information or want some restrictions on what is placed in the Center's directory or who the information is disclosed to, your request must be in writing, addressed to the Center's Privacy Officer and state the specific restrictions requested. If you are not present or able to express your objection or request a restriction to such use or disclosure, then we may, using our professional judgment, determine whether the use or disclosure is in your best interest.
- **Individuals Involved in Your Care or Payment for Your Care.** We may disclose to a member of your family, a relative, a close friend or any other person you identify, your medical information that directly relates to that person's involvement in your health care or who has responsibility for payment of your health care. We may also use or disclose your medical information to notify or assist in notifying a relative or any person responsible for your care, of your location, general condition or death. Further, in the event of your death, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your medical information that directly relates to that person's involvement in your health care or who has responsibility for payment of your health care, unless such disclosure is inconsistent with your prior expressed preference that is known to us. In addition, we may use or disclose your medical information to a public or private entity, authorized by law or by its charter to assist in disaster relief efforts, for the purposes of coordinating the above uses and disclosures to your family or other individuals involved in your health care.
- **Research.** We may use and disclose your medical information to researchers when their research has been approved by a privacy board or an institutional review board.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

- **E-mail Use.** E-mail will only be used following the Center's current policies and practices and with your permission. The use of secured, encrypted e-mail is encouraged.

Section D: Special Situations

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information 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.
- **Military Activity and National Security.** When the appropriate conditions apply, we may use or disclose medical information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your medical information to authorized federal officials for conducting national security and intelligence activities, including providing protective services to the President of the United States or others.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence, with such disclosure consistent with the requirements of applicable federal and state laws.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These 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 laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - in response to a court order, subpoena, warrant, summons or similar process;
 - to identify or locate a suspect, fugitive, material witness, or missing person;
 - about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - about a death we believe may be the result of criminal conduct;
 - about criminal conduct at the Center; and

- in emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Section E: Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

- **Right to Access, Inspect and Copy.** You have the limited right, subject to certain grounds for denial, to look at all of your medical information that we keep except for the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and certain laboratory information restricted by federal law. You also have the limited right, subject to certain grounds for denial, to obtain copies of that medical information you have a right to look at. We may charge you a reasonable fee for copying, mailing, labor and supplies associated with your request. Any request for access to or copies of your medical information must be in writing and provided to the Center's Privacy Officer. If your request for access to or copies of your medical information is denied, you may, depending on the circumstances, have a right to have a decision to deny access reviewed. We will provide you, in writing, with our reasons for denial of access and, if, by law, you are allowed to have such denial reviewed, we will provide you with instructions for having a denial of access reviewed.

If we maintain your medical information electronically, we will provide you with a copy of your medical record in the electronic form and format that you request, if we can readily produce such format. If we cannot readily produce the format you requested, we will produce your electronic medical information in at least one readable electronic format as agreed to between you and us.

- **Right to Amend.** You may request an amendment of your medical information that we maintain. Such request must be in writing and provided to the Center's Privacy Officer. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement that will become part of your medical information. If you file a statement of disagreement, we reserve the right to respond to your statement. You will receive a copy of any response we make and any such response will become part of your medical information.

- **Right to an Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures we have made, if any, of your medical information. This right applies to disclosures made on and after April 14, 2003 for purposes other than (i) treatment, payment or healthcare operations as described in this Notice; (ii) disclosures made to you; (iii) disclosures to a facility directory; (iv) disclosures to family members or friends involved in your care or for notification purposes; or (v) disclosures pursuant to an authorization. The right to receive this information is subject to certain exceptions, restrictions and limitations. Your request for an accounting must be in writing, addressed to the Center's Privacy Officer.
- **Right to Request Restrictions.** You may ask us to restrict the use or disclosure of any part of your medical information to carry out treatment, payment or healthcare operations. You may also request that any part of your medical information not be disclosed to family, relatives or friends who may be involved in your care or to notify them of your location, general condition or death. In addition, you may request that we restrict the use and disclosure of your medical information for disaster relief efforts. Your request must be in writing, addressed to the Center's Privacy Officer and state the specific restriction requested and to whom you want the restriction to apply. If you are not present or able to express an objection or request a restriction to such use or disclosure, then we may, using our professional judgment, determine whether the use or disclosure is in your best interest.

Except as provided below, we are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your medical information, your medical information will not be restricted. If we do agree to the requested restriction, we may not use or disclose your medical information in violation of that restriction unless there is an emergency. We may terminate our agreement to restrict uses and disclosures of your medical information by providing you with written notice of such; provided, however, that our termination shall only be effective with respect to medical information created or received after we have given you notice of termination of the restriction.

If the requested restriction relates to a disclosure to a health plan for payment or health care operation purposes, and the medical information to be disclosed pertains solely to an item or service for which we have been paid in full by you or another person on your behalf (other than the health plan), we must agree to the restriction. Further, we may not terminate this restriction.

- **Right to Receive Notice of a Breach.** In the event your unsecured medical information has been accessed, acquired, used or disclosed in a manner not permitted by law which compromises the security or privacy thereof, we are required by law to notify you of such breach within 60 days after we have discovered the breach.
- **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 a certain location. For example, you can ask that we only contact you at work or hard copy or e-mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must be provided to the Center's Privacy Officer, in writing, and specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at the Center's website. <http://heartlandsurgerycenter.com>.

Section F: Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice. The Notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you receive treatment or health care services, we will offer you a copy of the current Notice in effect.

Section G: Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services:

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

To file a complaint with us, contact the Center's Privacy Officer. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

Section H: Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.