



Notice of Privacy Practice

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. It also describes your rights and our legal obligations with respect to your medical information. Please review it carefully.

At PHOENIX AMBULATORY SURGERY CENTER, LLC, we are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan, and to enable us to meet our professional and legal obligations to operate this medical practice properly. This summary is for your convenience and is not a substitute for reading the entire Notice of Privacy Practices, nor does it modify the terms of the Notice.

THIS NOTICE DESCRIBES HOW PHOENIX AMBULATORY SURGERY CENTER, LLC, MAY USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. Effective: April 2, 2018.

For Treatment:

- We may use medical information about you to provide your medical care and we may share it with our employees and others who are involved in providing your care
- We may share your medical information with other health care providers, or with a pharmacist or lab, which need it to provide care, dispense a prescription, or perform a test.

For Payment:

- We may use and disclose medical information about you to obtain payment for our services.
- We may give your health plan information needed for it to pay us, or disclose information to other health care providers to help them obtain payment for services they have provided to you.

Business Associates:

- We may share your medical information with our business associates who perform services for us.

Operations:

- We may use and disclose medical information about you to operate our practice, to review and improve the quality of care we provide, or the competence and qualifications of our staff, or to request that your health plan authorize services or referrals.

Appointment Reminders:

- We may telephone you to remind you about appointments and may leave this information with the person answering the phone or on your answering machine. (See confidential communications below)

**Reception:**

- We may call out your name when we are ready to see you.

Notification & Communication:

- We may disclose your health information to a family member or close friend or other person you identify in writing, if relevant to that person's involvement in your care or payment for your care.

Worker's Compensation:

- We may disclose your health information as necessary to comply with worker's compensation.

As Required by Law:

By law we may be required to disclose your health information for matters of public health & health oversight, judicial & administrative proceedings, law enforcement, for coroner's investigations, to avert a serious threat to the public health, or for specialized government functions. We will limit our use or disclosure to the relevant requirements of the law.

When will Phoenix Ambulatory Surgery Center, LLC, NOT use or Disclose your health information?

Except as described in our Notice of Privacy Practices, PHOENIX AMBULATORY SURGERY CENTER, LLC will NOT use or disclose health information which identifies you without your written authorization.

WHAT ARE YOUR RIGHTS?

You have the following rights under the law:

Special Privacy Protection:

- You may request in writing restrictions on certain uses and disclosures of your health information.

Confidential Communications:

- You may request in writing that you receive your health information in specific way or at a specific location, or that we not leave information at a specific location.

Inspect and Copy:

- You may inspect and copy your health information, with limited exceptions, by submitting a written request. We may charge a fee, as allowed by Tennessee law

Amend or Supplement:

- You may request in writing that we amend health information that you believe is incorrect or incomplete. We are not required to change your health information and will provide you with information about any denial and how you can disagree with the denial.

UNDERSTANDING THIS NOTICE

We understand that information about your health, health care and payment for health care is personal and confidential, and we are committed to safeguarding that information. Further, your health information is protected by state and federal laws and regulations. This notice will tell you about the ways in which we may use and disclose your protected health information ("PHI"). We also describe your rights and certain obligations we have regarding the use and disclosure of your protected health information. This notice describes the practices of Phoenix Ambulatory Surgery Center. This notice also refers to Phoenix Ambulatory Surgery Center employees and other personnel, trainees, volunteers who we allow to help you while you are at Phoenix Ambulatory Surgery Center, clinically integrated health care professionals (such as your doctor) with staff privileges at Phoenix Ambulatory Surgery Center, and



other participants in our organized health care arrangements. This notice applies only to your PHI created while you are a patient at Phoenix Ambulatory Surgery Center. Health care professionals with staff privileges at Phoenix Ambulatory Surgery Center may have different practices or notices regarding your PHI created in their offices or clinics.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Phoenix Ambulatory Surgery Center, the information contained within it belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your PHI for treatment, payment or health care operations;
- You also have the right to request restrictions on certain disclosures to persons, such as family members involved with your care or the payment for your care. However, we are not required to agree to these requests. We are required to agree to your request only if 1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (and not treatment purposes), and 2) your information pertains solely to health care items and services for which you or someone on your behalf have paid in full. For other requests, we are not required to agree. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We will attempt to notify you if we are unable to grant your request;
- Obtain a copy of this Notice of Privacy Practices upon request. You may request a paper copy of this notice, in person, at Phoenix Ambulatory Surgery Center. You may also obtain a copy of this notice from the Phoenix Ambulatory Surgery Center website at: www.phoenixasc.com
- Inspect and request a copy of your PHI in electronic format or hardcopy as provided by law. You may also access health information in your medical record through a portal by creating an account and providing an email address. We will respond to your request in a timely manner. We may charge a reasonable fee for labor and supplies;
- Request that we amend your PHI as provided by law. We will attempt to notify you if we are unable to grant your request;
- Obtain an accounting of certain disclosures of your PHI as provided by law;
- Request communications of your PHI by alternative means or at alternative locations. We will accommodate reasonable requests; and
- Revoke your authorization to use or disclose your PHI except to the extent that action has already been taken in reliance on your authorization.

You may exercise your rights set forth in this notice by providing a written request to Phoenix Ambulatory Surgery Center.

OUR RESPONSIBILITIES

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your PHI;
- Provide you with notification if we discover a breach of unsecured PHI unless there is a demonstration, based on a risk assessment, that there is a low probability that the PHI has been compromised;
- Provide you with a notice as to our legal duties and privacy practices with respect to PHI we maintain about you;



- Abide by the terms of Phoenix Ambulatory Surgery Center Notice of Privacy Practices currently in effect;
- We reserve the right to change our practices and to make changes effective for all PHI we maintain, including information created or received before the change. Should our privacy practices change, we are not required to notify you, but we may post the revised notice at our facility, and you may request copies of the revised notice in person.

HOW WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Generally, we may not use or disclose your PHI without your written authorization. However, in certain circumstances, we are permitted to use your PHI without authorization. The following categories describe different ways that we may use and disclose your PHI without your written authorization. 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 your PHI without your written authorization should fall within one of these categories.

WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT

To enhance your treatment while in our care, and better coordinate your health care and related services after discharge, we may provide your PHI (including summaries of your care, prescriptions, lab work and x-rays) to your health care providers. These providers may include physicians, nurses, technicians, medical students or other medical personnel who are involved with your care at Phoenix Ambulatory Surgery Center or following your discharge. In addition, Phoenix Ambulatory Surgery Center may share your PHI internally in an effort to coordinate your continued health care.

In some cases the sharing of your PHI with other health care providers and hospitals may be done electronically through an electronic health information exchange (“HIE”) operated by Phoenix Ambulatory Surgery Center or a business associate. By using electronic means, we may be able to make your PHI available to those who care for you in a more timely and effective manner, and thus help to improve the coordination of your care. Contact the CEO at 615-449-0990 with any questions or concerns.