2. Changes to Your Protected Health Information.
If you believe there is a mistake in your health information or believe
that information needs to be amended in order to be accurate, you have
the right to request in writing that we amend or correct your health
information.
• We are not obligated to make all requested changes but will give each
request careful consideration.
• All amendment requests, in order to be considered by us, must be
in writing, signed by you or your representative, and must state the
reasons for the amendment/correction request.
• If an amendment or correction you request is made by us, we may also
notify others who work with us and have copies of the uncorrected
record if we believe that such notification is necessary.
• You may obtain an amendment request form from the Medical Records
Department of this facility.

3. Accounting of Disclosures of Your Protected Health Information.
You have the right to receive an accounting of certain disclosures made
by us of your protected health information. This right does not apply to
disclosures made for purposes of treatment, payment and healthcare
operations if the facility at which you were treated does not use or
maintain an electronic health record (EHR). If such facility uses or
maintains an EHR, then it may be required, depending upon when it
adopted the EHR, to include disclosures made through the EHR for
purposes of treatment, payment and healthcare operations.
• Requests must be made in writing and signed by you or your
representative.
• Accounting request forms are available from the Medical Records
Department of this facility.
• The first accounting in any 12-month period is free; you may be
charged a fee for each subsequent accounting you request within
the same 12-month period.
• Accounting that do not include disclosures made through an EHR
will be limited to six years prior to the date of your request. EHR
accountings will be limited to three years prior to your request.

4. Restrictions on Use and Disclosure of Your Protected Health Information.
You have the right to request limits on how we use and disclose your
protected health information for treatment, payment, or healthcare
operations.
• You may not limit the uses that we are allowed by law to do.
• A restriction request form can be obtained from the Medical
Records Department of this facility.
• In most cases, we are not required to agree to your restriction
request, but will attempt to accommodate reasonable requests
when appropriate.
• We retain the right to end an agreed-to restriction if we believe
ending it is appropriate. In that event, we will notify you.
• You also have the right to end, in writing or orally, any agreed-to
restriction by sending written notice, signed by you or your
representative, to this facility’s Medical Records Department.
• If you pay the entire bill for a service yourself, out-of-pocket, and you ask
us not to send information about the specific service to your insurance
for payment, we will honor this request as long as the information is not
needed to explain other services for which your insurance will be billed.

5. Confidential Communications.
You may ask that we send information on you to a different address or
communicate with you using a different method (e.g., via phone or fax). We
will agree to your request if it is reasonable and can be easily done. Such
requests should be made in writing and given to this facility’s Medical
Records Department.

6. Paper Copy.
You have the right to obtain a paper copy of this Notice of Privacy Practices,
even if you have requested such copy by e-mail or other electronic means.

V. Notification of Unauthorized Releases.
In the unlikely event that there is a breach, or unauthorized release of your
protected health information, you will receive notice and information on steps
you may take to protect yourself from harm.

VI. Questions and Complaints.
If you have questions or need further assistance regarding this Notice, you may
contact the administrator at 2240 North Bank Drive, Columbus, Ohio 43220 or
call 614.538.0296. If you believe your privacy rights have been violated or you
disagree with a decision we made about access to your health information, you
may contact:
• Secretary of the U.S. Department of Health and Human Services in
Washington D.C., in writing within 180 days of a violation of your rights.
• There will be no retaliation for filing a complaint.

VII. Effective Date.
This Notice of Privacy Practices is effective September 23, 2013.
This surgery center participates in an organized healthcare arrangement, with Midwest Physician Anesthesia Services. All healthcare services delivered as part of this organized healthcare arrangement take place here in the surgery center. Wherever the term “we” is used in this notice, it refers to the this organized health care arrangement.

Our healthcare providers work together to provide quality care to our patients. As permitted by law, we may disclose your protected health information to the Food and Drug Administration in limited instances if we believe it is necessary to carry out treatment, payment and healthcare operations. The purpose of this Notice is to tell you how we share your information and how you can find out more about our information sharing practices.

You may receive this Notice in advance of a surgical visit, or you may receive it at the location of your visit when and how it is convenient for you. We will provide this Notice to you in writing, if you request it. If you or someone acting on your behalf requests a paper or electronic copy of this Notice, our representative will provide you with a copy of this Notice. This Notice replaces any previous Notice that we may have provided to you at any time before the effective date of this Notice. You may get a copy of this Notice at our facility’s registration department or a copy may be obtained by contacting the administrator. See contact information in Section II of this Notice.

I. We Have a Legal Duty to Protect Your Health Information.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices. We are required by law to use or disclose your protected health information for treatment, payment or healthcare operations, as permitted or required by law, or unless you have authorized otherwise. We are required by law to use or disclose your protected health information if necessary to arrange for your treatment, payment and healthcare operations. We are required by law to use or disclose your protected health information if you have authorized otherwise.

II. We May Use and Disclose (Share) Your Health Information.

We will use and disclose your protected health information as necessary, and as permitted by law, for our healthcare operations which include clinical improvement, professional peer review, business management, accreditation and licensing. For instance:

• We may use your protected health information in our internal operations, such as quality assurance and case management.
• We may use and disclose your protected health information for purposes of improving the clinical care and treatment of our patients.

III. You Have the Opportunity to “Opt-Out” to the Following Uses and Disclosures:

1. Your Authorization. Except as outlined below, we will not use or disclose your protected health information for any purpose unless you have provided us with a signed form authorizing the use of the information. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization. Should you choose to “opt-out” of the uses and disclosures of your protected health information for which we will always obtain a prior authorization and these includes:

• Marketing Communications unless the communication is made directly to you in person. This includes a promotional gift of nominal value, is a prescription refill reminder, general health or wellness information, or a communication about health related products or services we or our business associates offer. We may use and disclose your protected health information for purposes of improving the clinical care and treatment of our patients.
• Psychotherapy notes unless otherwise permitted or required by law.

2. Family and Friends Involved in Your Care. Unless you have requested otherwise, we may disclose your protected health information to your family member or other person that is involved in your health care or that you request by name. This information, including your name, address, and other information that can be used to contact you by name.

3. Appointments and Services. We will use or disclose your protected health information as necessary, and as permitted by law, for your treatment, payment, and healthcare operations, as permitted or required by law. For instance:

• We may use your protected health information to notify you to your appointment or other aspect of caring for you.
• We may use or disclose your protected health information to request that information be transmitted directly to an entity or person designated by you.

4. Healthcare Operations. We will use and disclose your protected health information as necessary, and as permitted by law, for our healthcare operations which include clinical improvement, professional peer review, business management, accreditation and licensing. For instance:

• We may use your protected health information in our internal operations, such as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

5. Research. In limited circumstances, we may use and disclose your health information for research purposes. For instance:

• A research organization may wish to compare outcomes of all patients that were treated with a particular drug and will need to review a series of medical records.

• In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclose of patient information.

6. Appointments and Services. We may contact you to provide appointment reminders or test results. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish that appointment reminders not be left on voice mail or that they be sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to this facility’s Medical Records Department.

7. Business Associates. Certain business associates of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide your protected health information to one or more business associates who assist us. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

8. Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization.

• We may release your protected health information for any purpose required by law.
• We may release your protected health information for public health activities, such as required reporting of disease, injury, birth and death, or required public health investigations;
• We may release your protected health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
• We may release immunization records to a student’s school but only if parents or guardians (or the student if not a minor) agree either orally or in writing;
• We may release your personal health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
• We may release your protected health information to your employer when we have provided healthcare to you at the request of or for payment by your employer or you have authorized such disclosure.
• We may release your protected health information to law enforcement officials as required by law to report wounds, injuries and crimes;
• We may release your protected health information to coroners and/or funeral directors consistent with law;
• We may release your protected health information if necessary to arrange for your treatment, payment and healthcare operations.

9. You Have the Opportunity to Object (“Opt-Out”) to the Following Uses and Disclosures:

• We are required by law to use or disclose your protected health information for purposes of improving the clinical care and treatment of our patients.
• We are required by law to use or disclose your protected health information if necessary to arrange for your treatment, payment and healthcare operations.

10. You May Request to This Facility’s Medical Records Department.