

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.*

Notice of Privacy Practices

At Conroe Surgery Center (CSC), we understand that medical information about you and your health is personal, and we are committed to protecting that information. This notice of Privacy Practices describes how we and the medical staff and personnel who provide you with care or services at this facility may use and disclose your PHI (personal health information) to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI, which is information about you, including demographic information that may identify you and relates to your past, present or future physical or mental health or condition and related healthcare services. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, you can receive any revised Notice of Privacy Practices by accessing our website at www.conroesurgery.com, or by contacting the facility.

How we may use and disclose your PHI

We may use or disclose your PHI as described in this section. The following are examples of uses and disclosures of your protected healthcare information that CSC is permitted to make without your specific authorization. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our facility.

Treatment: We may use PHI about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other personnel who are involved in your care. We also may disclose PHI about you to individuals outside CSC who may be involved in your medical care, such as family members or others we use to provide services that are part of your care.

Payment: Your PHI will be used, as needed, to obtain payment of your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommended for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. For example, obtaining approval for a surgery may require that your relevant PHI be disclosed to your health plan.

HealthCare Operations: We may use or disclose your PHI as needed to support our business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other healthcare operations. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel and others to:

- Evaluate the performance of our staff
- Assess the quality of care and outcomes in your case and similar cases
- Learn how to improve our facility and services
- Determine how to continually improve the quality and effectiveness of the health care we provide

In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your healthcare provider is ready to see you. We may use or disclose your PHI as necessary, to contact you to remind you of your appointment. We will share your PHI with third party "business associates" that may perform various activities (e.g., billing, transcription services) for CSC. Whenever an arrangement between our facility and a business associate involves the use or disclosure of your PHI, we will require the business associate to appropriately safeguard it.

Other Permitted and Required Uses and Disclosures The May Be Made Without Your Authorization or Opportunity to Object

You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your healthcare will be disclosed. We may use and disclose your PHI in the following instances:

Facility Directories: Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your condition (in general terms) and your religious affiliation. All this information, except religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy will be told of your religious affiliation.

Others Involved in Your HealthCare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, about your general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

We may use or disclose your PHI without your authorization in the following situations:

Required by law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI to the governmental entity or agency authorized to receive such information if we believe that you have been a victim of abuse, neglect or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration (FDA): We may disclose your PHI to a person or company required by the FDA to report information such as adverse events and product recalls, to make repairs or replacements, or to conduct post marketing surveillance.

Legal Proceedings: We may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request, or other lawful process, but only if reasonable effort has been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release PHI for certain law enforcement purposes including, for example, reports required by law, to comply with a court order or warrant, or to report or answer questions about a crime.

Coroners, Funeral Directors and Organ Donation: We may disclose PHI to a coroner, medical examiner or funeral director as necessary to permit them to carry out their duties.

Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities (2) for the purpose of 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 PHI to authorized federal officials for conducting security and intelligence activities including for the provision of protective services of the President of the United States or other officials.

Worker's Compensation: Your PHI may be disclosed by us as authorized to comply with worker's compensation laws and similar legally established programs.

Required Uses and Disclosures: Under the law, we must take disclosures to you, and to the Department of Health and Human Services when required to determine our compliance with the requirements of the Federal Privacy Standards.

Your Rights

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights. We have the right to deny your request in certain circumstances. We will inform you if your request is denied.

Right to access your PHI: You may inspect and obtain a copy of PHI about you that is contained in a designated record for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that CSC uses for making decision about you. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. Please contact CSC's Medical Records Department if you have any questions about access to your medical record. If you request a copy of the information, we may charge a fee for the costs of retrieving, copying and mailing and any other supplies associated with your request. Your records remain the property of CSC.

Right to request a restriction on the use or disclosure of your PHI: You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your medical PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Right to request to receive confidential communications from us: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will attempt to accommodate reasonable requests. We will not request an explanation from you as to the basis for the request. Please make this request in writing to CSC's Medical Records Department.

Right to request amendment: If you think that the PHI we have about you is wrong or incomplete, you may ask us to amend the information. 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 with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact CSC's Medical Record Department if you have any question about amending your medical record.

Right to request an accounting of certain disclosures: You may request a list of our disclosures of your PHI, subject to several exceptions and limitations. For example, this right does not apply to disclosures for purposes other than treatment, payment or healthcare operations, and excludes disclosures we may have made for you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures.

Right to obtain a paper copy of this notice: You have the right to a copy of this notice. You may ask us to give you a copy of this notice at any time. To request a copy of this notice, you must make your request in writing to:

Conroe Surgery Center
1501 River Pointe Drive, Suite 200
Conroe, TX 77304
Attention: Business Office

You may file a complaint with us or with the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying the facility. We will not retaliate against you for filing a complaint.