

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH 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, please contact the Practice's Privacy Official by dialing the Surgery Center's main number.

Our Responsibilities

We are required by law to maintain the privacy of your health information, provide you a description of our privacy practices, and to notify you following a breach of unsecured protected health information. You have certain rights and we have certain legal obligations regarding the privacy of your Protected Health Information, and this Notice also explains your rights and our obligations. We will abide by the terms of this Notice.

Uses and Disclosures

How we may use and disclose Health Information about you.

The following categories describe examples of the way we may use and disclose your health information:

For Treatment: We may use health information about you to provide you medical treatment or services. We may disclose health information about you to doctors, nurses, and technicians, medical students, or other Surgery Center's personnel who are involved in taking care of you. For example, your health information may be provided to a physician or other health care provider to which you have been referred.

For Payment: We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your surgery or other health care services so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

For Health Care Operations: Our Physicians may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine health information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes. And we may combine health information we have with that of other facilities to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy.

We may also use and disclose health information:

- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- For population based activities relating to improving health or reducing health care costs; and
- For conducting training programs or reviewing competence of health care professional;

When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voice mail.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include billing companies, transcription companies, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, business associates are required by federal law to appropriately safeguard your information.

Individuals Involved in Your Care or Payment for Your Care and/or Notification Purposes: We may release health information about you to a friend or family member who is involved in your Medical care or who helps pay for your care or to notify, or assist in the notification of (including identifying or locating), a family member, your personal representative, or another person responsible for your care of your location and general

condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort in order to assist with the provision of this notice.

Research: The use of health information is important to develop new knowledge and improve medical care. We may use or disclose health information for research studies but only when they meet all federal and state requirements to protect your privacy (such as using only de-identified data whenever possible). You may also be contacted to participate in a research study.

Future Communications: We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, research projects, or other community based initiatives or activities our Surgery Center's participates in.

Health Information Exchange/Regional Health Information Organization: Federal and state laws may permit us to participate in organizations with other healthcare providers, insurers, and/or other health care industry participants and their subcontractors in order for these individuals and entities to share your health information with one another to accomplish goals that may include but not be limited to: improving the accuracy and increasing the availability of your health records; decreasing the time needed to access your information; aggregating and comparing your information for quality improvement purposes; and such other purposes as may be permitted by law.

As required by law. We may disclose information when required to do so by law.

As permitted by law, we may also use and disclose health information for the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors and Coroners
- National Security and Intelligence Agencies
- Protective Services for the President and Others
- A person or persons able to prevent or lessen a serious threat to health or safety

Law Enforcement: We may disclose health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.

For Judicial or Administrative Proceedings: We may disclose protected health information as permitted by law in connection with judicial or administrative proceedings, such as in response to a court order, search warrant or subpoena.

State-Specific Requirements: Many states have requirements for reporting including population-based cities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

Your Rights Regarding Your Protected Health Information

You have the following rights, subject to certain limitations, regarding your Protected health Information:

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Surgery Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Request an Amendment:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend

the information. You have the right to request an amendment for as long as the information is kept by or for the facility. Any request for an amendment must be sent in writing to the Surgery Center's Privacy Official. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

- **An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required.
- 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 services for which you 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.
- **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 may ask that we contact you at work instead of your home. The Surgery Center will great reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the Surgery Center and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.
- **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. If the Surgery Center has a website you may print or view a copy of the notice by clicking on the Notice of Privacy Practices link.

To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing.

CHANGES TO THIS NOTICE: We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the Surgery Center and on our website and include the effective date. In addition, each time you register at or are admitted to the Surgery Center for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with the Surgery Center by following the process outline in the facility's Patient Rights documentation. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION: Other uses and disclosures of health information not covered by this notice or the laws that apply to use will be made only with your written authorization. If you provide us permission to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health 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 authorization, and that we are required to retain our records of the care that we provided to you.

SURGERY CENTER PRIVACY OFFICIAL:

Administrator
Telephone Number: 985.200.1213
Pinnacle Surgery Center
1234 Pinnacle Parkway
Covington, Louisiana 70433



Patient Information

1234 Pinnacle Parkway,
Covington, LA 70433

Phone: 985.200.1213

Fax: 985.635.0256

PinnacleASC.com

Preoperative Surgery Instructions

Please read the following carefully:

- A Registered Nurse and a Business Office staff member from Pinnacle Surgery Center will contact you at least one week prior to your scheduled surgery date.
- For the preoperative phone call please have your insurance card or cards, driver's license or government issued picture identification, and a list of all medications that you are taking. Please also have the name of your physician(s), as well as their address (addresses) and phone numbers.
- We will make every effort before your surgery to inform you of your deductible and copay. These will be due on the date of surgery. The surgery center accepts cash, checks, Visa and MasterCard.
- During your preoperative assessment we will advise you of your arrival time for surgery; this is usually 30 minutes to 1 hour earlier than your scheduled surgery time.
- If your condition changes before surgery, notify your doctor or Pinnacle Surgery Center as soon as possible. This may include catching a cold, exposure to a communicable disease or any other change in health (i.e. fever, nausea, vomiting, diarrhea or respiratory infection).
- Plan for someone to drive you home after your surgery. You should not use public transportation (buses, taxis, etc.).
- Do not make any plans following your surgery; you will need to rest the remainder of the day.
- Do not eat or drink anything after midnight the night before your surgery. The preoperative nurse will instruct you regarding your usual medications. Anything you eat or drink INCLUDING WATER is dangerous.
- Wear loose, comfortable clothing and leave all jewelry and valuables at home. Storage for clothing will be provided, however Pinnacle Surgery Center is not responsible for lost or damaged items.
- Contact lenses cannot be worn in the operating room. Be sure to bring your case to keep them protected during surgery.
- Any body jewelry must be removed. A piercing on areas of the body other than the surgical site can be replaced with a plastic spacer. However, if it will interfere with the surgical site area, the piercing will have to be removed.
- Get a good night's rest!
- You and your guest may want to bring a sweater or jacket with you on the day of surgery as the waiting room temperature may vary.
- If additional questions arise, feel free to call the Pinnacle Surgery Center at 985.200.1213.

Day Of Surgery

- Wear loose, comfortable clothing and leave all valuables at home.
- If you have any body jewelry, please remove and replace with plastic spacer.
- Do not wear makeup, nail polish, hairpins or contact lenses
- Arrive at the time instructed by the preoperative nurse or your doctor's office.
- Bring any forms that your physician has given you.
- Bring your driver's license or government issued picture identification, insurance cards and money due to satisfy your financial responsibility. We accept cash, checks VISA and MasterCard.
- Your guest should remain in the waiting room to receive updates on your surgery. If your guest needs to leave the waiting room, they should advise the front desk.

Admission, Surgery, Recovery and Discharge

You and your guest should remember that the temperature may vary. Please be prepared with a jacket or sweater.

Admission: A Registered Nurse will escort you to the surgery admission area. The nurse will review your medical history, record vital signs, and lab work, start an IV, give any pre-op medications and prep, if necessary. Someone from the Anesthesia team will interview you and prepare you for surgery. The entire admission phase normally takes 30 minutes to an hour.

Operating Room: After you leave the admission area and the procedure has started, the length of time for the operating phase will vary considerably depending on the procedure being performed. The physician will inform your family member or designated person when the surgery is complete.

Recovery: The recovery room nurse will monitor you for 15 minutes up to 2-3 hours, depending on the surgery. The nurse will inform your family member or designated person of your recovery progress.

Discharge: Once you have recovered enough to return home, the recovery nurse will explain the discharge and at home instructions you must follow, including any prescriptions. A nurse will contact you within 2-3 days following the surgery to check on your recovery and to see how you are feeling.

The staff at Pinnacle Surgery Center are passionate about patient care and committed to continuously improving our services to our patients. If you would please complete the Patient Satisfaction Survey when it is emailed to you it will help us provide the best possible care to all of our patients.

Patient Rights and Responsibilities

AS A PATIENT, YOU HAVE THE RIGHT TO:

- Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.
- Personal and informational privacy and security for self and property.
- Have a surrogate (parent, legal guardian, person with medical power of attorney) exercise the Patient Rights when you are unable to do so, without coercion, discrimination or retaliation.
- Request a change of staff member if there is another staff person available who can address your issues and your request is reasonable. Discriminatory requests will not be considered.
- Confidentiality of records and disclosures and the right to access information contained in your clinical record. Except when required by law, you have the right to approve or refuse the release of records.
- Information concerning your diagnosis, treatment and prognosis, to the degree known.
- Participate in decisions involving your healthcare and be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising your access to services.
- Make decisions about medical care, including the right to accept or refuse medical or surgical treatment after being adequately informed of the benefits, risks and alternatives, without coercion, discrimination or retaliation.
- Self-determination including the rights to accept or to refuse treatment and the right to formulate an advance directive.
- Competent, caring healthcare providers who act as your advocates and treats your pain as effectively as possible.
- Know the identity and professional status of individuals providing service and be provided with adequate education regarding self-care at home, written in language you can understand.
- Be free from unnecessary use of physical or chemical restraint and or seclusion as a means of coercion, convenience or retaliation.
- Know the reason(s) for your transfer either inside or outside the facility.
- Impartial access to treatment regardless of race, color, age, sex, sexual orientation, national origin, religion, handicap or disability.
- Receive an itemized bill for all services within a reasonable period of time and be informed of the source of reimbursement and any limitations or constraints placed upon your care.

- File a grievance with the facility by contacting the Administrator, via telephone or in writing, when you feel your rights have been violated.

Administrator
1234 Pinnacle Parkway
Covington, LA 70433
Phone (985) 400-1213
Fax (985) 635-0256

- Report any comments concerning the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments.
- Know about any business relationships among the facility, healthcare providers, and others that might influence your care or treatment.
- File a complaint of suspected violations of health department regulations and/or patient rights. Complaints may be filed at:
Health Standards Section
P.O. Box 3767
Baton Rouge, LA 70821
Phone: 225.342.0138
Fax: 225.342.5073
ASC Complaint Number: 866.280.7737
HSSComplaints@la.gov
<https://ldh.la.gov/index.cfm/page/3768>
Office of the Medicare Beneficiary Ombudsman
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

AS A PATIENT, YOU ARE RESPONSIBLE FOR:

- Providing, to the best of your knowledge, accurate and complete information about your present health status and past medical history, any medications taken, including over-the-counter products and dietary supplements, any allergies or sensitivities and reporting any unexpected changes to the appropriate physician(s).
- Following the treatment plan recommended by the primary physician involved in your case.
- Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery.
- Indicating whether you clearly understand a contemplated course of action, and what is expected of you, and ask questions when you need further information.
- The responsibility to behave respectfully toward all healthcare professionals and staff, as well as other patients and visitors.
- Your actions if you refuse treatment, leave the facility against the advice of the physician, and/or do not follow the physician's instructions relating to your care.
- Ensuring that the financial obligations of your healthcare are fulfilled as expediently as possible.
- Providing information about, and/or copies of any living will, power of attorney or other directive that you desire us to know about.