



SEVEN HILLS

SURGERY CENTER

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NOTICE OF PRIVACY PRACTICE

This document defines your Privacy Rights at Seven Hills Surgery Center as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

EFFECTIVE APRIL 14, 2003

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.

Seven Hills Surgery Center (SHSC) is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Seven Hills Surgery Center, please see the contact information at the end of this document.

I. HOW SHSC MAY USE OR DISCLOSE YOUR HEALTH INFORMATION.

SHSC collects and protects the privacy of your health information. The law permits SHSC to use or disclose your health information for the following purposes:

1. **TREATMENT:** SHSC may use your health information to provide you with medical treatment or services. For example, information obtained from you by a front office personnel or nurse is necessary to determine what treatment you should receive.
2. **PAYMENT:** SHSC may use and disclose your health information to others for purposes or receiving payment for treatment and services that you receive. For example, your health information may be sent to a third party payer such as an insurance company or health plan in order for SHSC to receive payment for services rendered.
3. **HEALTH CARE OPERATIONS:** SHSC may use and disclose health information about you for operational purposes. 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 cases and similar cases; and to determine how to continually improve the quality and effectiveness of health care we provide.
4. **INFORMATION PROVIDED TO YOU AND ON YOUR AUTHORIZATION:** You may give us written authorization to use or disclose your health information.
5. **NOTIFICATION AND COMMUNICATION WITH FAMILY:** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
6. **REQUIRED BY LAW:** As required by law, we may use and disclose your health information. For example, SHSC may disclose health information for the following reasons: judicial and administrative proceedings; to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes; to the Department of Health and Human Services to determine if we are in compliance with federal laws; or to appropriate persons in order or prevent or lessen a serious or imminent threat to the health or safety of a particular person or the general public.
7. **PUBLIC HEALTH:** As required by law, we may disclose your health information to public health authorities for purposes related: preventing or controlling disease, injury or disability; report child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; to aid with disaster relief; and reporting disease or infection exposure.

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8. **HEALTH OVERSIGHT ACTIVITIES:** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
9. **DECEASED PERSON INFORMATION AND ORGAN DONATION:** We may disclose your health information to coroners, medical examiners, funeral directors, or to organizations involved in procuring, banking or transplanting organs and tissues.
10. **RESEARCH:** We may disclose your health information to researchers conducting research that has been approved by an institutional Review Board.
11. **WORKER'S COMPENSATION:** We may disclose your health information as necessary to comply with worker's compensation laws.
12. **MARKETING:** We may contact you to give you information about treatments or health-related benefits and services that may be of interest to you.
13. **GOVERNMENT FUNCTIONS:** Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use of disclosure of your health information.
14. **APPOINTMENTS:** SHSC may use your information to provide appointment reminders by phone, email, or postal services
15. **BUSINESS ASSOCIATES:** We work with other businesses to help SHSC operate successfully. We may disclose your health information to these business associates so that they can perform the tasks we hired them to do. Our business associates must guarantee us that they will respect the confidentiality of your personal health information.

II. WHEN SHSC MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION.

Except as described in this Notice of Privacy Practices, SHSC will not use or disclose your health information without your written authorization.

III. YOUR HEALTH INFORMATION RIGHTS.

1. You have the right to request restrictions on certain uses and disclosures of your health information. SHSC is not required to agree to the restriction that you requested.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. Requests must be made in writing detailing the alternative methods chosen and could be applicable to fees.
3. You have the right to inspect and/or obtain a copy of your health information for a reasonable fee.
4. You have a right to request that SHSC amend your health information that is incorrect or incomplete. SHSC is not required to change your health information and will provide you with information about the denial process.
5. You have a right to receive an accounting of disclosures of your health information made by SHSC, except that SHSC does not have to account for the disclosures described in treatment, payment, health care operations, and government functions of section I of this Notice. The first accounting of disclosures within a twelve-month period is free. Any additional accountings in that time frame are subject to a fee.
6. You have the right to revoke your authorization to use or disclose health information except to the extent that action has already been taken.
7. You have a right to obtain a paper copy of this Notice upon request.

IV. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES.

SHSC reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, SHSC is required by law to comply with this Notice. A paper copy of this Notice is available if you request a copy.

V. COMPLAINTS

If you believe your privacy rights have been violated, or if you have complaints about this Notice of Privacy Practices contact.

**Privacy Officer
Seven Hills Surgery Center
876 Seven Hills Dr
Las Vegas, NV 89052
702-914-2028**

If you are not satisfied with the manner in which SHSC handles a complaint, you may submit a formal written complaint to the Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.

Patient/Representative Signature

Date