

ENDOSCOPY CENTER OF ARKANSAS

NOTICE OF PRIVACY PRACTICES

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.

To Our Patient: The physicians and staff of the Endoscopy Center of Arkansas have always been committed to the absolute protection of your health information. The Health Insurance Portability and Accountability Act, requires that we provide notice to each of our patients of how this information is used. We safeguard information about your health and your person (Protected Health Information, PHI). We collect information from you and keep it in a designated record set that contains your health and billing information.

1. USES AND DISCLOSURES AND PROTECTED HEALTH INFORMATION

Treatment: We will use and disclose your health information to provide, coordinate, and/or manage your healthcare and any related service. For example,

- Releasing your information to a specialist to whom you have been referred.
- Releasing your information to a receiving hospital in the event of transfer.

Payment: Your protected health information will be used, as necessary, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for your services such as determining eligibility and coverage and utilization review. For example,

- Obtaining approval from your insurance company for your admission.

Healthcare Operations: We may use or disclose, as necessary, your protected health information in order to support the business activities of the Endoscopy Center of Arkansas. These activities include, but are not limited to, performance assessment and improvement activities, licensing, and marketing activities. For example,

- Your information may be used to help obtain necessary health information from your primary care physician.
- We may use your protected health information to remind us to contact you for your upcoming procedure or diagnostic test.

We will share your protected health information with third party Business Associates that perform various activities for the Endoscopy Center of Arkansas. Whenever an arrangement such as this involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect your privacy. For example,

- A contract exists between us and the company we use for medical transcription.
- A contract exists between us and the providers of radiology, pathology and laboratory services.

2. OTHER USES AND DISCLOSURES BASED UPON YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke your authorization at any time in writing. There may be cases where the Endoscopy Center of Arkansas has already released your protected health information prior to the revocation of the authorization.

3. DISCLOSURES TO WHICH YOU HAVE THE OPPORTUNITY TO OBJECT

Facility Schedule: Unless you object, we will place your name on our facility schedule for the day. This information will be disclosed to people who ask for you by name.

Others Involved in your Healthcare: Unless you object, we may discuss your protected health information with family members or close friends. The information disclosed will only be that related directly to this person's involvement in your care. If you are unable to agree or disagree, we may disclose this information if we determine that it is in your best interest based on our professional judgment. For example,

- We may notify your family of your admission to the Center.
- We may discuss your discharge plan with the individuals participating in your care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation.

Communication Barriers: We may use and disclose your protected health information if we are unable to obtain consent from you but feel in our professional judgment that you intend to consent.

4. USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include, but are not limited to:

- Public Health Reporting: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive information.
- Communicable Diseases: We may disclose your protected health information, 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 your information to health oversight agencies for activities authorized by law such as audits, investigations, and inspections.
- Abuse and/or Neglect: We may disclose your protected health information to a governmental entity or agency authorized by law to receive reports of suspected abuse/neglect.
- Food and Drug Administration: We may disclose your protected health information to a person or company required by the FDA to report adverse events, product defects, biologic product deviations, etc.
- Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to a subpoena, discovery request, or other lawful process.
- Law Enforcement: We may disclose protected health information, so long as applicable requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death or injury has occurred as a result of criminal conduct, (5) in the event that a crime occurs on property owned or operated by the Endoscopy Center of Arkansas and (6) in the event of a medical emergency.
- Coroners, Funeral Directors, and Organ Donation: We may disclose your protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for them to perform other duties as required by law. Your protected health information may also be disclosed to a funeral director, as authorized by law, in order for the director to carry out their duties. We may disclose such information in the reasonable anticipation of death. Protected health information may be used and disclosed for cadaver organ, eye, or tissue donation purposes.
- Research: We may disclose your protected health information to St. Vincent Infirmiry Medical Center for Clinical Research to determine if you could benefit from participating in a research study. If so, you may be contacted.
- Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious threat to the health or safety of a person or the public. We may also disclose protected health information 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 protected health information of individuals who are Armed Forces personnel, (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of a 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 protected health information to authorized federal officials for conducting national security and intelligence activities.
- Worker's Compensation: Your protected health information may be disclosed by us as authorized to comply with Worker's Compensation laws and other similar legally-established programs.
- Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.
- Other Required Uses and Disclosures: Under the law, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et seq.

5. YOUR RIGHTS

You have the right to inspect and obtain a copy of your protected health information. This means that you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain your protected health information. A designated record set contains medical and billing records and any other records that we use in making decisions about you. You may request the record be provided in paper or electronic format. You may be charged a fee for the retrieval and copying of this information.

Under federal and state law, however, you may be denied access to inspect or obtain a copy. Depending on the circumstances, the decision to deny access may be reviewable. Please contact the appropriate medical record department if you have any questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means that you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom this restriction applies. You may also request restriction of PHI to a health plan with respect to health care for which you have paid for in full out of pocket. The request and payment must occur in writing in advance of the services being provided.

The Center/physician is not required to agree to the restriction that you request, except in the case of a requested restriction of PHI to a health plan for purposes of payment or healthcare operations with respect to health care for which you have paid for in full out of pocket. If the Center/physician believes that it is in your best interest to permit use and disclosure of your protected health information, it will not be restricted. With this in mind, please discuss any restriction you wish to request with your physician.

You have the right to request to receive confidential communication from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of any alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to the privacy contact listed below.

You have the right to request an amendment to your protected health information. This means that you may request an amendment of protected health information about you in a designated record set for as long as we maintain the information. In certain cases, we may deny your request for an amendment. If we deny your request, 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. Please contact the appropriate medical record department listed above if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures made for purposes outside those for treatment, payment, and healthcare operations. We must respond within sixty (60) days. You may request a shorter timeframe. You are entitled to receive one (1) free accounting each year. There will be a fee for any additional accounting requests during the year. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You have the right to obtain a copy of this notice from us. Upon request, you may receive an additional paper or electronic copy of this notice from us.

You have the right to receive a notice following a breach of your unsecured PHI.

6. COMPLAINTS

If you believe your privacy rights have been violated by the Endoscopy Center of Arkansas, you may file a complaint with us by contacting the Endoscopy Center of Arkansas Privacy Officer at 501-537-0900 #214. You may also file a complaint with the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint. We will not require you to waive the right to file a complaint with HHS as a condition to receive treatment from us.

7. ADDITIONAL INFORMATION

This notice was updated, published and became effective of September 23, 2013. The Endoscopy Center of Arkansas has a duty as your healthcare provider to maintain your privacy, abide by the terms of this privacy notice, and provide you with a revised copy of this notice if revisions are made.

Received by

Signature

Date