

PRIVACY NOTICE

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ THIS NOTICE CAREFULLY.

As a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose your protected health information and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in connection with your care, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider.

Information

We use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your health care provider has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA privacy regulations or state law. Disclosures of your protected health information may be made in writing, orally, or by facsimile.

We use your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care, such as referring you to a specialist or referring you to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose protected health information to your health care provider for your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activity. Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurance company to get prior approval for the surgery. We may also disclose protected health information to your health insurance company to determine if a particular service is covered under your health plan. In order to get payment for the services we provide to you, we may also need to disclose your protected health information to your health insurance company for utilization review. We may also disclose patient information to another provider involved in your care, such as anesthesia care providers for payment of their services.

We use your protected health information, as necessary, for our own health care operations to facilitate the function of the Center and to provide quality care to all patients. This includes administrative activities, employee review activities, training programs including those in which students, trainees, or practitioners in health care learn under supervision, including compliance reviews, medical reviews, legal services and maintaining compliance programs, and business management and general administrative activities. We may also disclose your protected health information to another provider or health plan for their health care operations.

In addition to your protected health information for treatment, payment and health care operations, we may also use or disclose your protected health information for the following purposes: to remind you of health-related benefits or services that may be of interest to you, or to contact you to raise funds for the Center or an institutional foundation. If you have any questions, please contact our Privacy Officer.

Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object

We may use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

We may use or disclose your protected health information when we are required to do so by any federal, state or local law.

i. We may disclose your protected health information for the following public activities and purposes:

injury or disability as permitted by law.

death as permitted or required by law.

investigations and interventions as permitted or required by law.

to identify and recall product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance.

to identify and track individuals who are exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.

to identify and track individuals about an individual who is a member of the workforce as legally permitted or required.

r Domestic Violence. We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make every effort to protect you from disclosure.

s. We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations necessary for appropriate oversight as authorized by law. We will not disclose your health information under this authority if you are the subject of a federal or state benefit or public benefits.

Administrative Proceedings. We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court of law. In certain circumstances, we may disclose your protected health information in response to a subpoena to the extent authorized by state law if we receive satisfactory assurance that the information will be protected by a protective order.

We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows:

to identify or locate individuals who are the subject of certain types of wounds or other physical injuries.

to identify or locate individuals who are the subject of a warrant, subpoena, summons or similar process.

to identify or locate individuals who are the subject of a missing person, fugitive, material witness or missing person.

to identify or locate individuals when you are the victim of a crime.

to identify or locate individuals when your health care provider has a suspicion that your health condition was the result of criminal conduct.

r Organ Donation. We may disclose protected health information to a coroner or medical examiner for identification purposes, to determine cause of death, or to identify individuals who may be eligible for organ donation. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. Your protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

We may disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board that has approved the research. We will not disclose your protected health information for research unless you have provided your written authorization.

Public Health or Safety. We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe that the use or disclosure is necessary to prevent or reduce a serious and imminent threat to the health or safety of the public.