

Notice of Privacy Practices
Effective January 1st, 2013

**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.**

OUR PLEDGE REGARDING HEALTH INFORMATION

We are committed to protecting your health information. We are required by law to make sure health information that identifies you is kept private; to provide you this notice of our legal duties and privacy practices with respect to your health information; and to follow the terms of this notice. Any revision will affect how your current health information is treated as well as any information we receive in the future. We will post a copy of the current notice in the Hillside ASC entrance for all patients, visitors and alike to view.

WHO WILL FOLLOW THIS NOTICE

Each time you visit your doctor, a hospital, or other healthcare provider, a record of your visit is made. This record usually contains your symptoms, examination or test results, diagnosis, treatment, a plan for any future care or treatment you may need, and often, it also includes payment information. This is called your health or medical record. This applies to all the records generated for your Hillside ASC, LLC event, whether made by our personnel or your doctors. Our healthcare team covered by this notice includes LRGHealthcare staff and members of its medical staff together as an organized healthcare arrangement. These entities, sites and locations may share health information with each other for treatment, payment or facility operations. Outside healthcare data that you as a patient choose to share with Hillside ASC for your surgical/procedural event will be treated in the same manner.

Although your medical record is the physical property of Hillside ASC, the information it contains belongs to you. For the purpose of this document, we will refer to that information as "Protected Health Information," or "PHI."

Hillside ASC/LRGHealthcare will not condition your treatment or payment on your signing this document.

I. YOUR HEALTH INFORMATION RIGHTS

You have the right to:

- Obtain a paper copy of this notice, or upon your request, any future revisions of this notice.
- Request a restriction on certain uses and disclosures of your PHI (though we are not required to agree to any such request).
- Review and get a paper or electronic copy of your PHI. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. If you would like an electronic copy of your health information, we will provide you a copy in electronic form and format as requested as long as we can readily produce such information in the form requested. Otherwise, we will cooperate with you to provide a readable electronic form and format as agreed.
- Request that we correct or update your PHI if you believe that there is a mistake in your record, or an important piece of information is missing.
- Obtain a list of disclosures of your PHI made after June 16, 2010, for purposes other than treatment, payment, or healthcare operations.
- Receive confidential communications of PHI, choose how we send PHI to you if you prefer an alternate form of communications to traditional mail, and choose if you wish to have your PHI sent to a different address.
- Withdraw your authorization to use or disclose your PHI except to the extent that action has already been taken.
- Receive notification if there is a probable compromise of your unsecured PHI within sixty (60) days of the discovery of the breach. The notice will include a description of what happened, including the date, the type of information involved in the breach, steps you should take to protect yourself from potential harm, a brief description of the investigation into the breach, mitigation of harm to you and protection against further breaches and contact procedures to answer your questions.

All requests for the release of PHI must be made in writing, and must be signed by the patient or responsible party. Requests may be made through Health Information Management Services of the LRGHealthcare hospital, your physician, or Hillside ASC where you were seen and treated.

II. OUR RESPONSIBILITIES REGARDING YOUR PHI

Hillside ASC, LLC is required to:

- Maintain the privacy of your PHI.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, and abide by the terms of this notice.
- In the event that we deny your request to review and get a paper or electronic copy of your PHI, we will inform you in writing and explain whether you can appeal your denial, and if so, how that process works.
- Notify you in writing if we deny your request to change your PHI, which we may do if we find that your medical record is accurate and complete; it was not created by us; your requested change is to information to which we are not required to provide access; or if your requested change is to information that is not part of our records.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our privacy practices and to make those changes effective for all protected health information we have collected prior to the date of the change. Should our information practices change, we will make available to you, at your request, a revised paper copy of our Notice of Privacy Practices. Our current Notice of Privacy Practices will always be posted on our website at www.HillsideSurgerCenter.org.

III. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

There are many ways in which health care facilities and providers use and disclose patient PHI. For some of these uses, we are required to get your written consent; for others, we are not. Below please find a list of how we may use and disclose your PHI:

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.

We may use and disclose your PHI without your prior consent for the following reasons:

1. **For treatment.** We use your health information to provide you with healthcare treatment and services. For example, information collected by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will note in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, your physician will know how you are responding to treatment.
2. **For payment.** We may use or disclose your health information so that we may bill and receive payment from you, an insurance company, or another third party for the healthcare services you receive from us. For example, a bill may be sent to you or your insurance company. The information sent with the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
3. **For health care operations.** We may use or disclose your health information in order to perform the necessary administrative, educational, quality assurance, and business functions of our facilities. For example, members of the medical staff, the risk management director, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to improve the quality and effectiveness of the healthcare and services we provide. While we may also provide your PHI to our accountants, attorneys, consultants, business associates, and others in order to make sure we are complying with the laws and business practices that affect us and to conduct hospital business, we will make every effort to protect the privacy of your PHI.

B. Uses and Disclosures for Patient Directories and to Persons Assisting in Your Care.

Generally, we will get your verbal consent before using or disclosing PHI in the following ways. However, in certain situations, such as an emergency, we may use and disclose your PHI for these purposes without your consent.

1. **Disclosures to family, friends or others.** We may provide your PHI, including your condition and status, to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, including following your death. In addition, we may disclose health information about you to an entity assisting in a disaster relief

effort so that a family member or other person responsible for your care can be notified about your condition, status and location.

C. Other Uses and Disclosures that Do Not Require Your Authorization

We may use and disclose your PHI without your consent or authorization for the following reasons:

1. **Appointment Reminders:** We may use and disclose PHI to contact you as a reminder that you have an appointment for tests or treatment, or a prescription refill.
2. **Treatment Alternatives:** We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
3. **Health-Related Benefits and Services:** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.
4. **Research:** We may disclose information 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 health information. **To Avert a Serious Threat to Health or Safety:** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any such disclosure, however, would be to someone able to help prevent the threat.
5. **Military and Veterans:** If you are a member of the armed forces, we may release PHI about you as required by military command authorities.
6. **Workers' Compensation:** We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. The exception to this occurs when the information is particularly sensitive (such as drug and alcohol testing results and AIDS results): in those cases, a written release is required.
7. **Public Health Risks:** We may disclose PHI about you for public health activities. These activities generally include the following:
 - a. Preventing or controlling disease, injury or disability;
 - b. Reporting births and deaths;
 - c. Reporting child abuse or neglect;
 - d. Reporting reactions to medications or problems with products;
 - e. Notifying people of recalls of products they may be using;
 - f. Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
8. **Victims of Abuse, Neglect or Domestic Violence:** We may notify the appropriate agencies if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make such disclosures if you agree or when required or authorized by law.
9. **Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.
10. **As Required By Law:** We will disclose your PHI when required to do so by federal, state or local law. We may also disclose PHI about you in response to a court or administrative order, in response to a subpoena, discovery request, or other lawful process.
11. **Law Enforcement:** We may release your PHI for law enforcement purposes as required by law or in response to valid legal process. We are also required to report to law enforcement all information regarding the treatment of injuries believed to be caused by a criminal act. The exception to this is in the case of sexual assault victims over the age of 18, unless that patient is also being treated for a life-threatening injury.
12. **National Security and Intelligence Activities:** We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
13. **Protective Services for the President and Others:** We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

14. **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution and its agents health information necessary for your health and the safety of other individuals.
15. **Business Associates:** We may disclose your health information to contractors, agents and other “business associates” who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may share your health information with a billing company that helps us to obtain payment from your insurance company, or we may share your health information with an accounting firm or law firm that provides professional advice to us. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information. If our business associate discloses your health information to a subcontractor or vendor, the business associate will have a written contract to ensure that the subcontractor or vendor also protects the privacy of the information.
16. **Proof of Immunization:** We may disclose proof a child’s immunization to a school, about a child who is a student or prospective student of the school, as required by State or other law, if a parent, guardian, other person acting in loco parentis, or an emancipated minor, authorizes us to do so, but we do not need written authorization.
17. **Completely De-identified or Partially De-identified Information:** We may use and disclose your health information if we have removed any information that has the potential to identify you so that the health information is “completely de-identified.” We may also use and disclose “partially de-identified” health information about you if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will not contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).
18. **Incidental Disclosures:** While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients in the treatment area may see, or overhear discussion of, your health information.
19. **Fundraising:** We may use or disclose your demographic information, including, name, address, other contact information, age, gender, and date of birth, dates of health service information, department of service information, treating physician, outcome information, and health insurance status for fundraising purposes. With each fundraising communication made to you, you will have the opportunity to opt-out of receiving any further fundraising communications. We will also provide you with an opportunity to opt back in to receive such communications if you should choose to do so.

D. All Other Uses and Disclosures

Generally, we will obtain your written authorization before using your health information or sharing it with others outside of our facility. There are certain situations where we must obtain your written authorization before using your health information or sharing it, including:

Marketing. We may not disclose any of your health information for marketing purposes if we will receive direct or indirect financial remuneration not reasonably related to our cost of making the communication.

Sale of Protected Health Information. We will not sell your protected health information to third parties. The sale of protected health information, however, does not include a disclosure for public health purposes, for research purposes where we will only receive remuneration for our costs to prepare and transmit the health information, for treatment and payment purposes, for the sale, transfer, merger or consolidation of all or part of our hospital, for a business associate or its subcontractor to perform health care functions on our behalf, or for other purposes as required and permitted by law.

If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it. To revoke a written authorization, please write to the Privacy Officer. You may also initiate the transfer of your records to another person by completing a written authorization form.

Additionally, there are some kinds of information, such as HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information, are considered so sensitive that state or federal laws provide special protections for them. Therefore, some parts of this general Notice of Privacy Practices may not apply to these types of information. If you have questions or concerns about the ways these types of information may be used or disclosed, please speak with your health care provider.

If a particular situation is not described in sections III. A, B, C and D above, we will ask for your written consent before using or disclosing any of your PHI.

IV. For More Information or to Report a Problem

If you would like more information, or you believe your privacy rights have been violated, please contact:

Samantha Bernasconi, Administrator of Hillside ASC, LLC
14 Maple St., Suite 110
Gilford, New Hampshire 03249
(603) 5254-7514

You may also file a complaint with the Secretary to the Department of Health and Human Services at:

Department of Health and Human Services
Office for Civil Rights—Region I
JFK Federal Building, Room 1875
Government Center
Boston, MA 02203-0002

Phone: (800) 368-1019 or (617) 565-1340

Fax: (617) 565-3809

TDD: (800) 537-7697 or (617) 565-1343

Web site: www.hhs.gov/ocr

Click on link “How to file a complaint”

Government regulations require that healthcare organizations must state in their privacy notices that no retaliation will be taken against any person for filing a complaint. Consistent with this regulation, Hillside ASC, LLC will not take any action that would penalize you for exercising your rights as outlined in this privacy notice. Your choice to file a complaint will not affect your current or future care at Hillside ASC, LRGHealthcare or with any of our providers.

We welcome your feedback.