

## **Privacy Policy**

**THIS NOTICE DESCRIBES HOW INDIVIDUALLY IDENTIFIABLE INFORMATION ABOUT YOU WILL BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Green Street Surgery Center understands that your information is highly personal and Green Street Surgery Center is committed to safeguarding your protected health information. Please read this Notice of Privacy Practices thoroughly.

Green Street Surgery Center is required by law to maintain the privacy of individually identifiable patient health information. This information is “protected health information” and is referred to in this Notice as “PHI” to provide you with an explanation of how we handle your information. We will only use or disclose your PHI as permitted or required by applicable state or federal law. Green Street Surgery Center can help you understand our privacy practices and your rights.

### **PERMITTED USES AND DISCLOSURES OF YOUR HEALTH INFORMATION:**

**Treatment:** Green Street Surgery Center will use and disclose your PHI to those who have a legitimate need for such information in the provision and coordination of your health care which may include physicians, nurses, technicians, students or other health care providers. This information is provided to carry out treatment functions at Green Street Surgery Center, which includes consultations or referrals with other providers or agencies. PHI may be used or disclosed to obtain X-rays, laboratory work, prescriptions or other ancillary services related to your treatment.

**Treatment Alternatives and Health Promotion Activities:** Green Street Surgery Center may use and disclose your PHI to obtain resources and inform you of, or recommend possible treatment options, alternatives, or other health related benefits and services that will be of interest to you. The communication will explain how the product or service relates to your well being and can improve your health. Green Street Surgery Center may use your name and address to send you newsletters or general communications. These materials are sent only to persons who are on a list that Green Street Surgery Center purchases from an outside vendor or from the donation database and not from patient information Green Street Surgery Center collects.

**After Discharge:** Green Street Surgery Center may also disclose your medical information to people or entities outside Green Street Surgery Center who will be involved in your medical care after you leave Green Street Surgery Center, such as family members and others who provide services or are part of your care.

**Payment:** Green Street Surgery Center will use and disclose PHI about you for our payment purposes to insurance companies and companies that we engage in obtaining payment for care for items such as: determining coverage, eligibility, billing, and reimbursement. Green Street Surgery Center may provide limited information for the billing purposes of other providers involved in your medical care.

**Health Care Operations:** Green Street Surgery Center will use and disclose your PHI during routine health care operations including quality of care assessment and improvement activities, utilization review, activities to coordinate your care, legal, regulatory, accreditation and licensure activities, reviewing the performance or qualifications of health care providers for credentialing and evaluation purposes, conducting medical and nursing training and education programs and medical review.

**Appointment Reminders:** Green Street Surgery Center may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at Green Street Surgery Center.

**Family and Friends:** Green Street Surgery Center may disclose PHI about you to a friend or family member who is involved in your medical care or to someone who helps you pay for your care. Green Street Surgery Center may disclose your PHI for notification purposes, for example if your condition changes during your care. You can request a limitation or restriction on the disclosure of your PHI for some or all of your friends or family.

**Disaster Relief:** Unless you request a restriction or limitation, we may disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

**Inmates:** If you are an inmate of a correctional institute or under the custody of a law enforcement officer, Green Street Surgery Center will release your PHI to the correctional institute or law enforcement official.

**Law Enforcement Purposes:** Green Street Surgery Center will disclose your PHI for law enforcement purposes, such as responding to a court order or subpoena, identifying a suspect or a missing person, or providing information about a crime victim or criminal conduct.

**Required by Law:** Green Street Surgery Center will disclose PHI about you when required to do so by federal, state or local law. Such examples could be for the purposes of reporting of infectious diseases, neglect and abuse as required by law. Green Street Surgery Center is also required to collect and/or provide information for judicial and administrative proceedings, and specialized governmental functions, to process Worker's Compensation claims, for vital statistics purposes, and to health oversight agencies. In Ohio the state offers greater protections which are addressed in the following statutes governing specific entities or medical conditions: hospitals,

insurance records, and mental health records. All of Ohio's state laws regarding its consent requirement continue to apply. State law also allows the disclosure of PHI regarding the following specific conditions: anatomical gifts, cancer registry, genetic information, HIV / AIDS testing, long-term care residents, mental illness and mental retardation. Green Street Surgery Center will abide by the most stringent state and federal laws.

**FDA Regulated Products:** Green Street Surgery Center will use or disclose your PHI for activities related to the safety or effectiveness of FDA-regulated products or activities. This information is collected and reported to track and facilitate product recalls and adverse events. Any patient receiving a medical device subject to FDA tracking requirements may refuse to disclose their identifying information.

**Health or Safety:** Green Street Surgery Center will use and disclose PHI to avert a serious threat to the health and safety of a person or the public

**Marketing/Fundraising:** Green Street Surgery Center does not share your PHI with companies that sell health care products or services, such as drug companies.

**Research:** Green Street Surgery Center may use or disclose your PHI as part of research that includes providing you with treatment. For example, if you are part of a research study that includes treatment, Green Street Surgery Center may require that you sign an authorization to allow the researchers to use or disclose your PHI for this research. Those research studies that do not require your authorization to disclose your information must go through a special approval process.

**Other Uses:** Any other uses or disclosures will be made only with your written authorization.

#### **PATIENT HEALTH INFORMATION RIGHTS:**

Although all records concerning your admission and treatment obtained at Green Street Surgery Center are property of Green Street Surgery Center, you have the following rights concerning your PHI:

**Right to Confidential Communications:** You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that Green Street Surgery Center only contact you at work or by mail.

**Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your PHI:

- To carry out treatment, payment or health care operations functions; or
- To family members, relatives, close personal friends or other individuals involved in your care.

Green Street Surgery Center will consider your request, but is not required to agree to your requested restrictions.

**Right to Inspect and Copy:** You have the right to inspect and copy information with some exceptions your PHI as long as we maintain the information. In certain limited circumstances, Green Street Surgery Center may be required to deny your request. Copying requires that you pay a reasonable copying charge.

**Right to Amend:** You have the right to request with some exceptions an amendment of your PHI for as long as Green Street Surgery Center maintains.

**Right to an Accounting:** You have a right with some exceptions to receive an accounting of certain disclosures of your PHI made by Green Street Surgery Center.

**Right to Receive a Copy of this Notice:** You have the right to receive a paper copy of this Notice of Privacy Practices, upon request.

#### **SHARING AND JOINT USE OF YOUR HEALTH INFORMATION:**

In the course of providing care to you and in furthering Green Street Surgery Center's mission to improve the health of the community, Green Street Surgery Center will share your PHI with other organizations, as described below, who have agreed to abide by the terms described in this Notice.

**Business Associates:** Green Street Surgery Center will share PHI with Business Associates that are contracted to perform business functions for Green Street Surgery Center. These arrangements require Business Associates to keep your information confidential.

**Medical Staff:** Green Street Surgery Center participates with the medical staff in an organized health care arrangement to deliver care to you at Green Street Surgery Center. Both Green Street Surgery Center and the medical staff have agreed to abide by the terms of this Notice for the PHI created or received as part of delivering health care services at Green Street Surgery Center. Green Street Surgery Center will also share your PHI with the medical staff for payment, treatment and healthcare operations purposes.

#### **COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with Green Street Surgery Center or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing directly to Green Street Surgery Center's Privacy Officer at 120 Green Street, Columbus, OH 43222-1661. Green Street Surgery Center assures you that there will be no retaliation for filing a complaint.

#### **FURTHER INFORMATION:**

To obtain additional information, please contact Green Street Surgery Center's Privacy Officer, at 614-225-9321.

**CHANGES TO THIS NOTICE:**

Green Street Surgery Center will abide by the terms of the notice currently in effect for PHI in our possession including medical records generated by us. Green Street Surgery Center reserves the rights to change the terms of its notice and to make the new notice provisions effective for all PHI that it maintains. You will receive the most current Notice at your next scheduled visit. We are required to post this Notice in a prominent location within our facilities.