

NOTICE OF PRIVACY PRACTICES
Effective date of this notice is April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

Physicians' Surgical Center is required by law to maintain the privacy of your health information, give you notice of our legal duties, privacy practices and your rights with respect to your health information, and to follow the terms of this notice. Health information includes medical, insurance and medical payment information, such as your diagnosis, medications or medical payment history, which identifies you. We will use and disclose your health information only with your permission, **except as described in this notice or as required by State or federal law.**

Who Will Follow This Notice?

Physicians' Surgical Center (PSC) and all of its employees

Medical Staff: This notice also describes the privacy practices of an "Organized Health Care Arrangement" of "OHCA" between PSC and eligible providers on its Medical Staff. Because PSC is a clinically-integrated care setting, our patients receive care from PSC staff and from independent practitioners on the Medical Staff. PSC and its Medical Staff must be able to share your health information freely for treatment, payment and health care operations as described in this notice. Because of this, PSC and all eligible providers on the PSC medical Staff have entered into the OHCA under which PSC and the eligible providers will:

- Use this notice as a joint notice of privacy practices for all visits and follow all information practices described in this notice;
- Obtain a single signed acknowledgement of receipt; and
- Share health information from visits with eligible providers so they can help PSC with its health care operations.

The OHCA does not cover the information practices of practitioners in their private offices or at other practice locations.

Uses and Disclosures Without Your Permission

The following are the types of uses and disclosures we may make of your health information **without** your permission. Where State law restricts one of these uses or disclosures; we will follow State law. These are general descriptions only and do not cover every example of use and disclosure within a category.

Treatment. We will use and disclose your health information for treatment. For example, we will share health information about you with our nurses, your physicians and others who are involved in your care. We will also disclose your health information to other providers, practitioners and health care facilities for their use in treating you in the future. For example, if your surgery requires specimens to be sent for pathology, we will provide the pathologist with the health information necessary for treatment.

Payment. We will use and disclose your health information for activities that are necessary to receive payment for our services, such as determining insurance coverage, billing, payment and collection, claims management and medical data processing. For example, we may tell your health plan about a treatment you are planning in order to receive treatment or to determine whether your plan will cover the proposed treatment. We will use your health information to prepare your bill and we will send medical information to your insurance company with your bill. We may disclose your health information to other health care providers so they can receive payment for health care services that they provided you, such as laboratory or pathology services. We may also provide information to other third parties or individuals who are responsible for payment for your health care.

Health Care Operations. We may disclose your health information for our health care operations. For example, physicians may review your health information to evaluate the quality of the treatment and services provided, and the performance of our staff in caring for you. We may also disclose your information to other health care entities that have a relationship with you and need the information for operational purposes. For example, the anesthesia providers may need your health information to assess their effectiveness in treating you.

Business Associates. We will disclose your health information to our business associates and allow them to create, use and disclose your health information to perform their job. For example, we may disclose your health information to an outside agency that we use to assist us in collection on accounts. We require our business associates to protect your health information.

Appointment Reminders. We may contact you as a reminder that you have an appointment for treatment or medical services. For example, we may call you prior to the day of your surgery to let you know of the

time of your surgery. We may call you prior to the day of your surgery to go over instructions for the surgery, If we do not reach you, we will not leave any health information on an answering machine, only the facility name, our phone number and a request to call us back.

Treatment Alternatives. We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Family and Friends. We may disclose your location to a family member or your personal representative. If any of these individuals or others you identify are involved in your care, we may also disclose information as is directly relevant to their involvement. We will only release this information if you agree, are given an opportunity to object and do not, or if in our professional judgment, believe that it would be in your best interest to allow the person to receive the information or act on your behalf.

Facility Directory. We may include your name and locations in the facility in a directory of patients at the facility on a given day. This information will be provided to people who ask for your name. We will not include your information in the facility directory if you object or if we are prohibited by State or federal law.

Required by Law. We will use and disclose your information as required by Federal, State or local law.

Public Health Activities. We may disclose health information about you for the public health activities. These activities may include disclosures:

- To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability.
- To appropriate authorities authorized to receive reports of child abuse and neglect;
- To FDA- regulated entities for purposes of monitoring or reporting the quality, safety, or effectiveness of FDA-regulated products; or
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Abuse, Neglect or Domestic Violence. We will notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. Unless such a disclosure is required by law, we will only make this disclosure if you agree.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspection and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Judicial and Administrative Proceedings. We may disclose your health information in response to a court of administrative order, a valid subpoena, discovery request, civil or criminal proceedings, or other lawful process.

Law Enforcement. We may release certain health information if asked to do so by a law enforcement official:

- As required by law, including reporting wounds and physical injuries;
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime if we obtain the individual's agreement or, under certain circumstances, if we are unable to obtain the individual's agreement;
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, descriptions or location of the person who committed the crime, including crimes that may occur at our facility.

Deceased Individuals. We may release health information to a coroner, medical examiners, or funeral director as necessary for them to carry out their duties.

Organ and Tissue Donation. We may release health information to organ, eye or tissue procurement, transplantation or banking organizations or entities as necessary to facilitate organ, eye or tissue donation and transplantation.

Research. We may use and disclose your health information for research purposes only with your written permission.

Threats to Health and Safety. We may disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public.

Specialized Government Functions. We may use and disclose your medical information for national security and intelligence activities authorized by law or for protective services of the President. If you are a military member, we may disclose to military authorities under certain circumstances. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution, its agents or the law enforcement official your health information necessary for your health and the health and safety of other individuals.

Workers' Compensation. We may release health information about you as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Incidental Uses and Disclosures. There are certain incidental uses or disclosures of your information that occur while we are providing services to you or conducting our business. For example, after surgery the physician may need to use your name to identify family members waiting for you in a waiting area. Other individuals in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

Other Uses and Disclosures. Other uses and disclosures of your health information not covered above will be made only with your written permission. If you authorized us to use and disclose your information, you may revoke that authorization at any time. Such revocation will not affect any action we have taken in reliance on your authorization.

Your Rights

Requests for Voluntary Restrictions. You have the right to request a restriction on how we use and disclose your health information for treatment, payment and health care operations, or to certain family members or friends identified by you who are involved in your care or the payment for your care. We are not required to agree to your request, and will notify you if we are unable to agree.

Access to Health Information. You may request to inspect and copy your health information. If you request copies, we may charge you a copying fee plus postage.

Amendment. You may request that we amend certain health information. We are not required to make all requested amendments, but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

Accounting. You have the right to receive an accounting of certain disclosures of your medical information made by us or our business associates. The first accounting in any 12-month period will be free; you may be charged a fee for each subsequent accounting you request within the same 12-month period.

Confidential Communication. You may request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can ask that we only contact you at an alternative location from your home address, such as work or only contact you by mail instead of by phone. We must agree to your request if it is reasonable and specifies the alternate means of location.

Copy of This Notice. You have the right to receive a written copy of this notice upon request.

How to Exercise These Rights. All requests to exercise these rights must be in writing. We will follow written policies to handle requests and notify you of our decision or action and your rights. Contact the Privacy Officer at Physicians' Surgical Center (402) 488-5812 for more information or to obtain request forms.

Changes to This Notice

We reserve the right to change this notice and its supporting policies and procedures. We reserve the right to make the revised or changed notice effective for health information we already have as well as any information we receive in the future. Before we make such changes effective, we will make available the revised notice by posting it and making copies available. Upon your initial visit to Physicians' Surgical

Center, you will receive a copy of the current notice in effect. At your next visit following a revision to the notice, you will receive a copy of the current notice in effect.

Complaints

Complaints or questions about your privacy rights must be made in writing through the contact information listed below.

If you believe your privacy rights have been violated, you may also submit a written complaint to the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

Contact Information

Privacy Officer

Physicians' Surgical Center

1500 South 48th St Suite 201

Lincoln, NE 68506

402-488-5812