

Grand Valley Surgical Center, LLC

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.

This notice is effective as of September 23, 2013

USES AND DISCLOSURE OF HEALTH INFORMATION

TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

Grand Valley Surgical Center, LLC uses and discloses your protected health information for treatment, payment and health care operations. Some examples of when our office may use or disclose your health care information for these purposes include:

- Sharing test results with other health care providers for confirmation of a diagnosis;
- Providing your diagnosis or other information about your health to your insurance provider or our billing service to obtain payment for the health care services we provide;
- Reviewing or disclosing information as part of quality improvement including, without limitation, disclosure to electronic regional health information networks containing PHI from a variety of health related entities including hospitals, surgery centers, physician offices, health insurance companies, and pharmacies (all subject to the HIPAA Privacy Rule) and intended to provide timely information to health care and related service providers involved in patient care.

OTHER USES AND DISCLOSURES

Grand Valley Surgical Center, LLC may also use or disclose your protected health information, in compliance with guidelines outlined by law, for the following purposes:

- Providing you with information related to your health;
- Contacting you regarding appointments, information about treatment alternatives, or other health related services;
- Incidental uses or disclosures (e.g., listing your name on a sign-in sheet, etc.);
- Compliance with all laws (including reports of suspected abuse, neglect or violence);
- Providing certain specified information to law enforcement or correctional institutions;
- Providing information to a coroner, medical examiner, funeral director, or organ procurement organization (Healthcare information may be disclosed after fifty (50) years and also to individuals who were involved in your care or payment for your care);
- Public health activities when requested by a public health authority or the FDA.
- Responding to health oversight agencies;
- Responding to court or administrative tribunal orders, subpoenas, discovery requests or other lawful process;
- To raise funds for our facility or to raise political awareness for issues related to health care.
- You are entitled to opt out of such contacts;
- Research activities;
- When necessary to avert a serious threat to health or safety;
- Military affairs, veterans' affairs, national security, intelligence, Department of State, or presidential protective service activities;
- Providing information regarding your location, general condition or death to public or private disaster relief agencies; or
- Informing a family member, other relative, or close personal friend when:
 - Information is relevant to the individual's involvement with your care;
 - Notification of your location, general condition or death;
 - To assist in your health care (e.g., pick-up prescriptions or other documents, note follow-up care instructions, etc.).

AUTHORIZATION FOR OTHER USES

Grand Valley Surgical Center, LLC will make other uses and disclosure of your protected health information only after obtaining your written authorization. If you authorize a use not contained in this notice, you may revoke your authorization at any time by notifying us in writing that you wish to revoke your authorization.

YOUR RIGHTS REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION

Subject to limitations outlined by law, you have certain rights related to use and disclosure of your protected health information, including the right to:

- Request restrictions on certain uses and disclosures. However, Grand Valley Surgical Center, LLC is not obligated to agree to requested restrictions.
- Receive confidential communications of protected health information.
- Inspect and copy your protected health information with some limited exceptions;
- Amend your health information;
- Request your medical record in an electronic format if available;
- Request that any self-pay payment for healthcare services or items not be disclosed to your health plan;
- Request that your information not be used for any fundraising, marketing, or in exchange for payment;
- Be notified if any breach of your information occurs;
- Receive an accounting of disclosures of your health information;
- Obtain a copy of this notice.

GRAND VALLEY SURGICAL CENTER, LLC DUTIES REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION

Subject to limitations outlined by law, Grand Valley Surgical Center, LLC has certain duties related to your protected health information. Grand Valley Surgical Center, LLC:

- is required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information.
- is required to abide by the terms of the privacy notice that is currently in effect.
- reserves the right to change a privacy practice described in this notice and to make such change effective for all protected health information. Revised notice will be posted in our office and available upon request.

CONCERNS

If you would like additional information regarding our privacy practices, or you believe your privacy rights have been violated, you may contact our Privacy Officer at 710 Wellington Avenue, Grand Junction, CO 81501 or (970) 298-7800 or you may make a complaint with the Secretary for the Department of Health and Human Services at <http://www.hhs.gov/ocr>. No individual will be retaliated against for filing a complaint.

ACKNOWLEDGEMENT

I acknowledge that I have received a copy of this notice regarding the use and disclosure of my health information.

Signature of patient or patient's representative

Date

Printed name of patient's representative: _____

Relationship to patient: _____