

Melville Surgery Center, LLC  
Notice of Privacy Practices Regarding Protected Health Information

This notice describes how your protected health information (PHI) may be used and disclosed by Melville Surgery Center, LLC (MSC), those affiliated healthcare professionals jointly providing services to you at MSC, and how you can get access to such information. Please review this notice carefully.

**A. MSC's commitment to your privacy**

MSC is dedicated to maintaining the privacy and security of your protected health information (PHI), which is individually identifiable information concerning the provision of, or payment for your healthcare. We are required by law to provide you with this Notice of Privacy Practices, its Medical Staff and affiliated providers that jointly provide healthcare services at MSC. This notice describes MSC's practices regarding its uses and disclosures of PHI and your rights regarding such uses and disclosures as an MSC patient.

The terms of this notice apply to all records containing your PHI that are created or retained by MSC. MSC reserves the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that MSC has created or maintained in the past, and for any of your records that we may create or maintain in the future. MSC will place a copy of our current notice in our office, and you may request a copy at any time. This notice is provided on behalf of MSC and those affiliated healthcare professionals jointly providing services to you at MSC, although those affiliated providers are not agents or employees of MSC for any purposes. If you have any questions regarding this Notice, please contact The Privacy Officer in writing to: 1895 Walt Whitman Rd, Melville, NY 11747 or by telephone at (631)293-9700.

**B. MSC may use and disclose your PHI in the following ways:**

1. **Treatment.** MSC may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to clear you for surgery. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work at MSC including, but not limited to, doctors and nurses, may use or disclose your PHI in order to treat you or to assist others in your treatment.
2. **Payment.** MSC may use or disclose your PHI in order to bill and collect payment for the services and items which you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third

parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill directly for services and items.

3. **Health Care Operations.** MSC may use and disclose your PHI to operate our business. For example, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may also use and disclose your PHI to contact you and remind you of an appointment.
4. **Release of Information to Family/Friends.** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a friend or assistant may drive you to and from MSC for your surgery and may, upon your discharge, be given prescriptions to be filled, or information necessary for your post-operative care.
5. **Disclosures Required by Law.** MSC will use and disclose your PHI when we are required to do so by federal, state or local law.

C. **MSC may use and disclose your PHI in the following special circumstances:**

1. **Public Health Risks.** MSC may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
  - a. Maintenance of vital records, such as births or deaths
  - b. Mandatory reporting, such as child abuse or neglect
  - c. Preventing or controlling disease, injury or disability
  - d. Notification of a person regarding potential exposure to a communicable disease
  - e. Notification of a person regarding a potential risk for spreading or contracting a disease or condition
  - f. Reporting reactions to drugs or problems with products or devices
  - g. Notification of the appropriate government agency and authority regarding the potential abuse or neglect of an adult patient (including domestic violence). However, we will only disclose this information if the patient agrees or we are required by law to disclose this information
  - h. Notification of an individual if a product or device they may be using has been recalled and/or
  - i. Notification of your employer under limited circumstances related primarily to workplace injury illness
2. **Health Oversight Activities.** MSC may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil administrative and criminal procedures or actions, or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general.
3. **Lawsuits and Similar Proceedings.** MSC may use and disclose your PHI in response to a court administered order.
4. **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official
  - a. If you are a victim of a crime and we are unable to obtain your written consent

- b. If we believe that your death resulted from criminal conduct at MSC
  - c. Regarding criminal conduct at our office
  - d. In response to a warrant, summons, court order, subpoena or similar legal process
  - e. To identify/locate a suspect, material witness, fugitive or missing person; and/or
  - f. In an emergency, to report a crime (including the location of victim(s) of the crime, or the description, identity or location of the perpetrator
5. **Deceased Patients.** MSC may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
6. **Organ and Tissue Donation.** MSC may release PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation or transplantation if you are an organ donor.
7. **Research.** MSC may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written consent to use your PHI for research purposes except when:
- a. our use or disclosure was approved by an Institutional Review Board or a Privacy Board
  - b. We obtain the oral or written consent of a researcher that information being sought is necessary for the research study, the use or disclosure of your PHI is being used solely for the research and the researcher will not remove any of your PHI from our practice
  - c. The PHI sought by the researcher only relates to descendants and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death to access the PHI of the descendants
8. **Serious Threats to Health or Safety.** MSC may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
9. **Military.** MSC may disclose your PHI if you are a member of US or foreign military forces (including veterans) and if required by the appropriate authorities.
10. **National Security.** MSC may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
11. **Inmates.** MSC may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary
- a. For the institution to provide healthcare services to you
  - b. For the safety and security of the institution, and/or
  - c. To protect your health and safety or the health and safety of other individuals.

#### **D. Your Rights Regarding Your PHI**

You have the following rights regarding the PHI that we maintain about you:

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the Privacy Officer, specifying the requested contact, or the location where you wish to be contacted. We will accommodate reasonable requests.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request. However, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to make a request for restriction, please contact the Privacy Officer. Your request must describe in a clear concise fashion the information you want restricted, whether you are requesting to limit our practice's use and disclosure or both and to whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Privacy Officer in order to inspect/obtain a copy of your PHI. MSC may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. MSC may deny your request to inspect and/or copy in certain limited circumstances. However, you may request a review of our denial.
4. **Amendment.** You may ask to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for MSC. You may submit your request in writing to the Privacy Officer. You must provide us with the reason that supports your request for amendment. MSC will deny your request if you fail to submit your request in writing. Also, we may deny your request if you ask us to amend information that we believe to be complete and accurate, not part of the PHI kept by or for our practice, not part of the PHI which you would be permitted to inspect and copy or not created by our practice, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An Accounting of Disclosures is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine

patient care in our practice is not required to be documented for accounting disclosures. For example, the doctor sharing PHI with your recovery nurse or the billing department filing your insurance claim. In order to obtain accounting of disclosures, please submit your request in writing to the Privacy Officer.

6. **Right to a paper copy of this notice.** You may ask for a copy of this notice at any time.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with MSC or the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
8. **Right to Provide Authorization for Others Uses and Disclosures.** MSC will obtain your written consent for uses and disclosures that are not identified by this notice or permitted or applicable by law. Any authorizations you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

If you have any questions regarding this notice of our Health Information Privacy Policy, please contact the Privacy Officer.