

## **NOTICE OF PRIVACY PRACTICES**

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

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes the practices of our employees and staff as well as:

Physicians, billing companies, insurance companies, laboratories, radiologists, pathologist, and any other person, group, entity, site or location doing business with Good Shepherd Ambulatory Surgical Center (GSASC) will follow this Notice. All of the individuals, entities, sites and locations may share medical information with each other for the treatment or payment of health care operations purposes described in this notice.

### **INFORMATION COLLECTED ABOUT YOU**

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal information such as:

- Your name, address and telephone number;
- Information related to your medical history;
- Your employer, insurance information and coverage;
- Information concerning your doctor, nurse, or other medical providers;

In addition, we will gather certain medical information about you and will create a record of the care provided to you. Some information also may be provided to us by other individuals or organizations that are part of your “circle of care” such as the referring physician, your other doctors, your health plan, employer and close friends or family members.

### **HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU**

We may use and disclose personal and identifiable health information about you in different ways. All of the ways in which we may use and disclose information will fall within one of the following categories but not every use or disclosure in a category will be listed.

**For Treatment**—We will use health information about you to furnish services and supplies to you, in accordance with our policies and procedures. For example, we will use your medical history to assess your health and perform requested services.

**For Payment**—We will use and disclose health information about you to bill for services and to collect payment from you or your insurance company. For example, we may need to give a payer information about your current medical condition so that it will pay us for the services that we have furnished for you. We may also need to inform your payer of the test you are going to receive in order to obtain prior approval or to determine whether the service is covered.

**For Health Care Operation**—We may use and disclose information about you for the general operation of our business. For example, we sometimes arrange for accreditation organizations, auditors or other consultants to review our policies and practices, evaluate our operations, and tell us how to improve our services. We may contact you to provide appointment reminders, gather pre-admission information, or provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Public Policy Uses and Disclosures**—There are a number of public policy reasons why we may disclose information about you:

- We may disclose health information about you when we are required to do so by federal, state or local law.
- We may disclose protected health information about you in connection with certain public health reporting activities. Public health authorities include state health department, the Center for Disease Control, the Food and Drug Administration, the Occupational Safety and Health Administration and the Environmental Protection Agency, to name a few.
- We are also permitted to disclose protected health information to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect. Additionally, we may disclose protected health information to a person subject to the Food and Drug Administration’s power of the following activities: to report adverse events, product defects or problems, or biological product deviations, to track products, to enable product recalls, repairs or replacements, or to conduct post marketing surveillance.

- We may disclose your protected health information in situations of domestic abuse or elder abuse.
- We may disclose protected health information in connection with certain health oversight activities of licensing and other agencies. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal or administrative proceedings or actions or any other activity necessary for the oversight of: 1) the health care system; 2) governmental benefit programs for which health information is relevant to determining beneficiary eligibility; 3) entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards, or 4) entities subject to civil rights laws for which health information is necessary for determining compliance.
- We may disclose information in response to a warrant, subpoena, or other order of a court or administrative hearing body, and in connection with certain government investigations and law enforcement activities.
- We may release personal health information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We also may release personal health information to organ procurement organizations, transplant centers, and eye or tissue banks.
- We may release your personal health information to workers' compensation or similar programs.
- Information about you also will be disclosed when certain personal health information about your condition and treatment for research purposes where an Institutional Review Board or a similar body referred to as a Privacy Board determines that your privacy interest will be adequately protected in the study. We may also use and disclose your protected health information to prepare or analyze a research protocol and for other research purposes.
- If you are a member of the Armed Forces, we may release personal health information about you required by military command authorities. We also may release personal health information about foreign military personnel to the appropriate foreign military authority.
- We may disclose your protected health information for legal or administrative proceedings that involve you. We may release such information upon order of a court or administrative tribunal. We may also release protected health information in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order.
- If you are an inmate, we may release protected health information about you to a correctional institution where you are incarcerated or to law enforcement officials.
- Finally, we may disclose protected health information for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

**Our Business Associates**—We sometimes work with outside individuals and businesses who help us operate successfully. We may disclose your health information to these business associates so that they can perform the tasks we hire them to do. Our business associates must guarantee to us that they will respect the confidentiality of your personal and identifiable health information.

**Individuals Involved in Your Care or Payment for Your Care**—We may disclose information to individuals involved in your care or in the payment for your care, but we will obtain your agreement before doing so. This includes people and organizations that are part of your “circle of care” such as your spouse, your other doctors. Although we must be able to speak with your other physicians or health care providers, you can let us know if we should not speak with other individuals, such as your spouse or family.

**Other Uses and Disclosures of Personal Information**—We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke that permission, in writing, at any time.

### **INDIVIDUAL RIGHTS**

You have the right to ask for restrictions on the way in which we use and disclose your medical information beyond those imposed by law. We will consider your request, but we are not required to accept it.

You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

Except under certain circumstances, you have the right to inspect and request a copy of medical billing records about you. If you ask for copies of this information, we may charge you a fee for copying and mailing.

If you believe that information in your record is incorrect or incomplete, you have the right to ask us to correct the existing information or correct the missing information. Under certain circumstances, we may deny your request.

You have a right to ask for a list of instances when we have used or disclosed your medical information for reasons other than your treatment, payment for services furnished to you, our health care operations, or disclosures you give us authorization to make. If you request this information more than once every twelve months, we may charge you a fee.

You have a right to a copy of this Notice in paper form. You may ask us for a copy at any time.

To exercise any of your rights, please contact us in writing at: Good Shepherd Ambulatory Surgical Center  
ATTN: Privacy Officer  
703 East Marshall, Suite 2000  
Longview, TX 75601

### **CHANGES TO THIS NOTICE**

We reserve the right to make changes to this notice at any time. We reserve the right to make the revised notice effective for personal health information we have about you as well as any information we receive in the future. In the event there is a material change to this Notice, the revised Notice will be posted. In addition, you may request a copy of the revised Notice at any time.

### **COMPLAINTS/COMMENTS**

If you have any complaints concerning our Privacy Policy, you may contact the Office for Civil Rights (OCR), U.S. Department of Health & Human Services, 1301 Young Street—Suite 1169, Dallas, TX 75202, (214) 767-4056; (214) 767-8940 (TDD); (214) 767-0432 FAX; email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). If you need help filing a complaint or have a question about the complaint form, please call this OCR toll free number: 1-800-368-1019. You may also contact us at Good Shepherd Ambulatory Surgical Center, ATTN: Privacy Officer, 703 East Marshall, Suite 2000, Longview, TX 75601. This Privacy Policy is effective April 14, 2003.

You have the right to voice complaints regarding the quality of care and services you receive and you are assured that the presentation of a complaint will in no way compromise your access to care. Whenever you are admitted to the hospital, you will be informed of your rights, including the right to state complaints. You may voice your complaints to any staff member or by calling the Medical Care Coordinator at (903) 315-5300.

GSASC is licensed in the State of Texas and is Medicare and Joint Commission accredited. GSASC is owned by Good Shepherd Ambulatory Surgical Center, GSASC contracts with other entities for ancillary services. There is no financial benefit to the GSASC resulting from referral to another health care provider.

If you have concerns about the quality of patient care/patient safety, please notify any member of our staff or our administration. If your concerns are not sufficiently addressed, you may contact the Joint Commission directly at 800-994-6610. This hotline is available 24 hours a day, 7 days a week or at [www.jcaho.org](http://www.jcaho.org). Staff members are available to answer calls at this number weekdays between 8:30 am and 5:00 pm central standard time. Written correspondence may be sent to Joint Commission Office of Quality Monitoring, One Renaissance Blvd., Oakbrook Terrace, IL 60181.

The Department of State Health Services is responsible for licensure of Good Shepherd Ambulatory Surgical Center and is the responsible agency for ambulatory surgical centers complaint investigations. Direct complaints to: Health Facility Compliance Group (MC 1979), Texas Department of State Health Services, PO Box 149347, Austin, Texas 78714-9347, telephone (888) 973-0022, fax (512) 834-6653. Complaints may be registered with the department by phone, fax, in writing or website for the Office of the Medicare Beneficiary Ombudsman [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp). A complainant may provide his/her name, address, and phone number to the department. Anonymous complaints may be registered. All complaints are confidential. Future access to care will not be compromised for any complaints issued.

### **PATIENT RIGHTS AND RESPONSIBILITIES**

The management of your healthcare is within your rights as a patient. Good Shepherd Ambulatory Surgical Center is committed to your rights as a patient.

#### **You have the right to:**

- Safe, Considerate and Respectful care.
  - Appropriate assessment and management of pain.
  - Patients, or Patient's representative, shall be given the opportunity to participate in all aspects of care and decisions involving their health care, except when such participation is contraindicated for medical reasons. The patient has the right to obtain from his physician complete current information concerning his diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand. When it is medically inadvisable to give such information to a patient, the information shall be provided to a person designated by the patient or to a legally authorized person.
  - Be free from all forms of abuse or harassment.
- Participate in Decisions About Your Care
  - **Informed Consent**—You have the right to decide what may be done to your body during the course of medical treatment.

- **Surrogate Decision-Maker**—If you become unable to make your own health care decisions and do not have a legal guardian or someone designated under the Medical Power of Attorney, then certain family members and others can make medical treatment decisions on your behalf.
- Make an individual decision based on your personal beliefs and values as well as on the available medical information.
- Advance Directives—You have the right under state law to make Advance Directives.
  - **Directive to Physicians**—also known as a living will, allows you to tell your physician not to use artificial methods to prolong the process of dying if you are terminally ill. A directive does not become effective until you have been diagnosed with a terminal or irreversible condition.
  - **Medical Power of Attorney**—Allows you to designate someone you trust—an agent to make health care decisions on your behalf should you become unable to make these decisions yourself.
  - **Out-Of-Hospital Do-Not-Resuscitate Order**—(DNR) allows you to refuse certain life-sustaining treatments in any setting outside of a hospital. This advance directive must be issued in conjunction with your attending physician.
  - **Declaration for Mental Health Treatment**—Deals with mental health treatment issues only. It allows you to tell health care providers your choices for mental health treatment in the event you become incapacitated.
- Refuse treatment to the extent permitted by law, and to be informed of the medical consequences of your actions.
- Confidentiality
- Expect that within its capacity the ambulatory surgical center must make a reasonable response to the request of a patient for services.
- Obtain information as to any relationship of the ambulatory surgical center to other health care and educational institutions, insofar as your care is concerned (and) any professional relationships among individuals, by name, who are treating you.
- Be advised if the ambulatory surgical center proposes to engage in or perform human experimentation affecting your care or treatment and the right to refuse to participate.
- Continuity of Care
- Examine and receive an explanation of your bill regardless of the source of payment.
- Know what ambulatory surgical center rules and regulations apply to your conduct as a patient.

**You, in turn, have the responsibility to:**

- Provide complete medical information
- Ask for clear explanation
- Make informed decisions
- Understand your health problems if your treatment plan is to succeed
- Report changes in your health
- Respect other's privacy
- Follow ASC rules and regulations
- Understand responsibility for your actions if you refuse treatment or do not follow the practitioners instructions.
- Assure that financial obligations of healthcare are fulfilled as promptly as possible.

\*\*The rights and responsibilities of a minor, unconscious, or incompetent patient are delegated to the parent(s), guardian(s), or closest relationship.

Reference: American Hospital Association, 1972, 1992

**Disclosure of Ownership**

Executive Director: Marion Benson

To assist you in making informed healthcare decisions, we believe it is important that you be aware of the owners of healthcare facilities to which you are referred for treatment. The current owner of Good Shepherd Ambulatory Surgical Center having interest totaling five percent or more is:

GSWS Enterprises Holding, Inc.  
700 East Marshall  
Longview, TX 75601