

# ADVANCED SURGICAL CENTER

## NOTICE OF PRIVACY PRACTICES

(HIPPA)

This notice describes how medial information about you and how it may be used and disclosed and how you can get access to this information.

### **TREATMENT**

Your health information may be used by staff members or disclosed to the health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

For example, a report of your surgery/procedure or results of your MRI will be available in your Medical Records to all health professionals who may provide treatment or who may be consulted by staff members.

### **PAYMENT**

Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services.

For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

### **HEALTH CARE OPERATIONS**

Your health information may be used as necessary to support the day-to- day activities and management of the Surgery Center.

For example, information on the services you received may be used for budgeting, financial reporting and quality assurance activities.

### **LAW ENFORCEMENT**

Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

### **PUBLIC HEALTH REPORTING**

Your health information may be disclosed to public health agencies as required by law.

For example, we are required to report certain communicable diseases to the Nevada Public Health Department.

### **APPOINTMENT REMINDERS**

Your health information may be used by our staff to send you appointment reminders.

### **INFORMATION ABOUT TREATMENTS**

Your health information may be used to send you information on treatment and management related to your medical condition. We may also send you information describing other health related goods and services that we believe may be of interest to you.

### **OTHER USES AND DISCLOSURES REQUIRED YOUR AUTHORIZATION**

Disclosure of your health information or its uses for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use of disclosure of your Health Information, you may submit a written revocation of the authorization. However, your revocation will not undo any use or disclosure of information that occurred before you provided us with the written revocation.

**ADVANCED SURGICAL CENTER  
NOTICE OF PRIVACY PRACTICES  
*HIPPA***

**Individual Rights**

You have certain rights under the federal policy standards.

They include:

- The Right to request restrictions on the use and disclosure of you Protected Health Information (PHI)
- The Right to receive confidential communications regarding your medical condition and treatment.
- The Right to inspect and obtain a copy of you PHI.
- The Right to change or submit corrections to your PHI.
- The Right to receive an accounting of how and to whom your PHI has been disclosed.
- The Right to receive a printed copy of this notice.

**Queensridge Surgery Center Duties**

- We are required by law to maintain the privacy of your PHI and to provide you with this notice of privacy practices.
- We are also required to follow the privacy policies and practices that are described in this notice.
- We Reserve the Right to change a privacy practice and have that change apply to all health information it maintains.

**Requests to Inspect Protected Health Information (PHI)**

- If you wish to inspect or copy your PHI, you must submit a request in writing.
- You may obtain a form from our Front Desk or Business Director

**Complaints**

- If you would like to submit a Comment or Complaint about our Privacy Practices or if you believe that your privacy rights have been violated, you may send a letter to:

Administrator

Constance Petronella

7150 W. Sunset Suite 106

Las Vegas, NV 89113

725-245-1145

OR

Secretary of Health and Human Services

[WWW.HHS.GOV](http://WWW.HHS.GOV)

*Select HIPPA;*

*Select How to File a Complaint*