

ADVANCED SURGICAL CENTER

PRIVACY NOTICE SUMMARY

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.

- **DISCLOSE:** How we may use and disclose your health information. We use health information about your procedure, for administrative purposes and to evaluate the quality of care that you receive. For example, your health information may be shared with other providers to whom you are referred. Information may be shared by paper, mail, electronic mail, fax, or other methods. We may use or disclose your health information without your written authorization for several reasons. But beyond those situations, we will ask for your written authorization before using or disclosing your health information. If you sign any authorization to disclose information, you can later revoke it to stop any further uses or disclosures.
- **YOUR RIGHTS:** In most cases, you have the right to review or get a copy of your health information that we use to make decisions about you. If you request copies, we may charge you a cost-based fee. You also have the right to request a list of certain types of disclosures of your information that we have made. If you believe your health information is incorrect or information is missing, you have the right to request that we correct the existing information or add the missing information.
- **OUR LEGAL DUTY:** We are required by law to protect the privacy of your health information, provide this notice about our privacy practices, follow the privacy practices that are described in this notice, and seek your acknowledgment of receipt of these notices. We may change our privacy policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time.
- **PRIVACY COMPLAINTS:** If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision, we made about access to your health information you may contact the person listed below. You may also send a written complain to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address on request.

If you have any questions or concerns, please contact:

Administrator
CONSTANCE PETRONELLA
7150 W. SUNSET SUITE 106
Las Vegas, NV 89113
Phone: 702-245-1145