Carmel
Ambulatory
Surgery Center

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 REVIEW IT CAREFULLY. THIS IS A CONDENSED VERSION OF OUR PRACTICE POLICY, A MORE COMPLETE VERSION IS AVAILABLE SHOULD YOU DESIRE TO HAVE A COPY.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION (PHI):

- **FOR TREATMENT:** used by us or another health care provider for treatment of a medical condition.
- **FOR PAYMENT:** used by us, or an affiliated business, in order to receive reimbursement for health care treatment provided to you.
- **FOR HEALTH CARE OPERATIONS:** used by us to ensure quality care is provided to you.
- **APPOINTMENT REMINDERS:** used in order to contact you regarding upcoming appointment(s) or treatment.
- **TREATMENT ALTERNATIVES:** used in order to inform you of alternative treatment options.
- **HEALTH-RELATED BENEFITS AND SERVICES:** used to inform you of health-related benefits that may be available to you.
- **EMERGENCIES:** used to ensure appropriate health care is provided to you in an emergency.
- **INDIVIDUALS INVOLVED IN YOUR HEALTH CARE OR PAYMENT FOR YOUR HEALTH CARE:** used to inform friends or family members of your treatment or health care needs.
- **AS REQUIRED BY LAW:** used when required by federal, state or local law.
- **PUBLIC HEALTH ACTIVITIES:** used for the purposes of public health.
- **ABUSE, NEGLECT, OR DOMESTIC VIOLENCE:** used to notify appropriate government officials as required by law or agreed by you.
- **HEALTH OVERSIGHT ACTIVITIES:** used by health oversight agencies as authorized and required by law.
- **JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:** used as required by court or administrative order.
- **LAW ENFORCEMENT:** used as required by a law enforcement official for law enforcement purposes.
- **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** used to help identify deceased or determine cause of death.
- **ORGAN, EYE AND TISSUE DONATION:** used if you are an organ donor.
- **RESEARCH**: used for limited research purposes.
- **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** used to avert a serious health or safety threat to another person or public.
- **MILITARY AND VETERANS**: used as required by appropriate military command authorities.

- **NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:** used as authorized by law for national security, intelligence and counterintelligence.
- **PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS:** used as required to provide protection to the President and other authorized persons.
- **INMATES**: used if you are an inmate as required by law.
- **WORKERS' COMPENSATION:** used as required to support benefits for work related injury or illness.
- **OTHER USES AND DISCLOSURES:** used only if you provide written authorization.

YOUR RIGHTS:

- **RIGHT TO REQUEST RESTRICTIONS:** You have the right to request restriction of limitation on use or disclosure of your PHI. Note that we are not required to agree with your request.
- **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:** You may request that we communicate to you in a particular way or at a particular place. Your request must be in writing. We will accommodate all reasonable requests. However, we may require certain conditions and information.
- **RIGHT TO INSPECT AND COPY:** You have the right to inspect and copy your PHI. This does not include psychotherapy notes, information compiled in anticipation or preparation of a legal action, or PHI to which access is denied by law. Requests must be in writing. We may charge a fee for the costs of copying, mailing or preparing the requested documents. Requests may be denied if: the PHI requested is prohibited by law; you are an inmate, under certain conditions; the PHI was obtained or created in the course of research; denied by Privacy Laws; or, information provided was provided by someone other than a health care provider.
- **RIGHT TO AMEND:** You have the right to request an amendment if you PHI is incorrect or incomplete. Requests must be in writing. Your request may be denied if the PHI was not created by us; the PHI is not a part of a record set maintained by us; is not a part of information you would be permitted to inspect or copy by law; or, is accurate and complete.
- **RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to request disclosures of your PHI made by us. Requests must be in writing and apply only to disclosures occurring after April 14, 2003. Only one accounting per 12-month period will be provided without charge. There are numerous exceptions to what disclosures must be accounted for: for treatments, payments, to you, those required by law, facility directory use, care and notification purposes, correctional institutions and law enforcement, part of a limited data set.
- **RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to a copy of this notice and the more detailed notice summarized here. Send your request to: Administrator, Carmel Ambulatory Surgery Center, 13421 Old Meridian Street, Carmel, IN 46032.
- **CHANGES TO THIS NOTICE:** We reserve the right to change this and the underlying Notice at any time. A copy of the current Notice will be posted in the Waiting Room of our office at 13421 Old Meridian Street, Carmel, IN 46032.
- **COMPLAINTS:** If you believe your rights have been violated you may file a complaint with Carmel Ambulatory Surgery Center or with the Secretary of the Department of Health and Human Services. You will not be retaliated against or penalized for filing the complaint. To file a complaint with Carmel Ambulatory Surgery Center, contact the Executive Director, Carmel Ambulatory Surgery Center, 13421 Old Meridian Street, Carmel, IN 46032.

Carmel Ambulatory Surgery Center

Patient Bill of Rights

- The patient has the right to considerate, respectful, dignified care.
- The patient has the right to obtain from his/her physician complete current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person in his/her behalf. He/she has the right to know, by name, the physician responsible for his/her care.
- The patient has the right to receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to know the name of the person responsible for the procedures and/or treatment.
- The patient has the right to refuse treatment and/or to change physicians and to be informed of the medical consequences of his/her action.
- The patient has the right to every consideration of his/her privacy concerning his/her own medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. Those not directly involved in his/her care must have the permission of the patient to be present.
- The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential.
- The patient has the right to expect that within its capacity, the Center will provide evaluation, service and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after he/she has received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.
- The patient has the right to obtain information as to any relationship of this facility to other health care and educational institutions insofar as his/her care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by names, which are treating him.
- The patient has the right to be advised if the Center proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects.

Carmel Ambulatory Surgery Center

Patient Bill of Rights

- The patient has the right to expect reasonable continuity of care. He/she has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that this facility will provide a mechanism whereby he/she is informed by his/her physician or a delegate of the physician of the patient's continuing health care requirements following discharge.
- The patient has the right to examine and receive an explanation of his/her bill regardless of source of payment.
- The patient has the right to file a complaint to the following:

Carmel Ambulatory Surgery Center
Executive Director
13421 Old Meridian Street, Suite 100
Carmel, IN 46032
317-706-1600

Indiana Department of Health
Director of Acute Care
2 N Meridian
Indianapolis, IN 46204
317-233-1325

Medicare Beneficiary Ombudsman
http://www.cms.hhs.gov/ombusdman/resources.asp

Patient Responsibility

It is the patient's responsibility to fully participate in decisions involving his/her own health care and to accept the consequences of these decisions if complications occur.

The patient is expected to follow up on his/her doctor's instructions, take medications when prescribed, and ask questions concerning his/her own health care that he/she feels is necessary.

The patient is expected to provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.

Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.

Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care. (The Advance Directives will be temporarily suspended while the patient is in the facility.)

The patient accepts personal financial responsibility for any charges not covered by his/her insurance.

The patient is expected to be respectful of all health care providers and staff, as well as other patients.

Carmel Ambulatory Surgery Center has physician ownership.

Carmel Ambulatory Surgery Center

I have been verbally informed and have the right to receive a paper copy of the Carmel Ambulatory Surgery Center Notice of Privacy Practices, Patient Rights and Responsibilities, Advance Directives, and Physician Ownership information prior to the procedure. You may request that we give you a copy of this information at any time. Even if you have agreed to receive this information electronically, you are still entitled to receive a paper copy.

Receipt of Notice of Privacy Practices

I acknowledge that on this date, I received and/or was offered a copy of the Carmel Ambulatory Surgery Center Notice of Privacy Practices which describes the uses and disclosures of my protected health information that may be made by Carmel Ambulatory Surgery Center, and my rights and Carmel Ambulatory Surgery Center legal duties with respect to my protected health information.

Advance Directives

"Advance Directive" is a term that refers to your spoken and written instructions about your future medical care and treatment. Examples recognized by the State of Indiana include, but are not limited to, Living Will Declaration, Power of Attorney, Health Care Representative, etc.

Have you completed & signed advance directives? Yes ☐ No ☐

If yes, was a copy provided to the Center? Yes ☐ No ☐

Patient/Patient Representative Signature

Date Signed