



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.

**If you have any questions or requests, please contact the Administrator of Gateway Surgery Center at:
1025 NE Gateway Court, NE, Concord, NC 28025 • 704-920-7020
Effective: April 14, 2003 ~ Modified: June 1, 2013**

WE ARE COMMITTED TO PROTECTING YOUR HEALTH INFORMATION

We understand that information about you and your health is personal. We are committed to protecting your health information. We use and disclose your health information to provide you with quality care and to comply with certain legal requirements. Your health information will be available to all health care professionals who need access as described in this Notice.

We are required by law to:

- Make sure that health information is kept private.
- Give you this Notice explaining our legal duties and privacy practices with respect to your health information.
- Follow the terms of the Notice currently in effect and only use and/or disclose health information as we have described in this Notice.

We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all health information that we maintain. If we do so, we will provide you with the new Notice by:

- Posting the revised Notice in our offices
- Making copies of the revised Notice available upon request (either at our offices or through the contact person listed in this Notice); and
- Posting the revised Notice on our website.

This Notice tells you about the ways we may use and disclose your health information, as well as gives you some examples. We also describe your rights and our obligations for the use and disclosure of your health information. Upon request a packet of information regarding Advance Directives and a copy of this Policy will be available to patients.

Gateway Surgery declines to implement the element of an Advance Directive that deals with a “Do Not Resuscitate” request on the basis of conscience and other reasons permitted under State Law. Gateway Surgery Center will always attempt to resuscitate a patient and transfer that patient to a hospital in the event of deterioration.

WHO WILL FOLLOW THIS NOTICE?

This Notice applies to all records containing your health information which are generated by Gateway Surgery Center. We will share your health information with each other as necessary to carry out treatment, payment or health care operations. Once participating provider gives you this Notice, you will be considered to have received it from all of the participating providers and we will not be required to give it to you again, unless it is revised. Please note that, for liability purposes each provider specifically named on the front of this Notice is a separate entity and one cannot be help liable for the acts of another.

WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

For Your Health Care Treatment: We may use and disclose your health information to provide, coordinate or manage your health care and related services, both among ourselves and with others. For example, we may use and disclose your health information when you need a prescription, lab work, or an X-ray, or when you need to be referred to another health care provider.

For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. The doctor may also need to tell the dietitian about your diabetes so that you can receive appropriate





meals. Your doctor may also need to share your health information with a pharmacy so you can get appropriate counseling for the diabetes prescription. Finally, your doctor may share this medical information with another health care provider, such as if you are referred to another doctor.

To Obtain Payment For Services: Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services we provide to you. Before you receive scheduled services, we may share information about these services with your health plan so we can ask for approval of payment before we provide the services. We may also share portions of your medical information with billing departments and collection department; insurance companies, health plans and their agents which provide you coverage: consumer reporting agencies (e. g., credit bureaus).

For example, if you broke your leg, we may need to give your health plan information about your condition, the supplies used (such as plaster for your cast or crutches) and the services you received (such as X-rays or surgery). The information is given to our billing department and your health plan so we can be paid or so you can be reimbursed.

For Health Care Operations: We may use and disclose health information to conduct our business activities and health care operations, which assist us in improving the quality and cost of the care we provide to you and other patients. This includes disclosing your health information to a hospital, related foundation or to a business associate so they may contact you for fundraising. You may opt out by sending a [written request](#) to the contact person listed at the beginning of the Notice. We may elect to use a health information organization, or other such organization to facilitate the electronic exchange of information for the purposes of treatment, payment, or healthcare operations.

For example, health care operations include using your health information to develop ways to assist our health care providers in deciding what medical treatment should be provided to others. We may also use your health information to review and evaluate the skills, qualifications, and performance of health care providers taking care of you. We may disclose such information to doctors, nurses, regulating agencies and other health care personnel for educational, research and legally required reporting purposes. We may also need your health information to cooperate with outside accrediting and licensing organizations for either our health care providers or our facilities.

To Remind You About Your Appointment: We may use and disclose your health information to remind you about an appointment you have for treatment or medical care.

Individuals Involved in Your Care or Payment for Your Care. We may share with a family member, personal representative, friend or other person you identify, your health information that is directly related to their involvement in your care or payment for your care. For example, if you are on a spouse's insurance plan your spouse may have access to a bill explaining your treatment. We may share your health information when it is necessary to notify them of your location, general condition or death. In an emergency, or if you are incapacitated, we will use our professional judgment to decide if it is in your best interest to disclose your health information to a person involved in your care. If you bring family members or others to your appointments and do not tell us that you object to then hearing your medical information, then we are allowed to interpret that as your consent for them to do so.

Business Associates: We sometimes hire other people to help us perform our services. We may disclose your health information to them so that they can perform the job we have asked them to do. We require them to protect your health information and keep it confidential. For example, we may hire a transcription service to transcribe parts of your medical record, or a billing and collections agency to bill you or your insurance company for the services rendered or collect payment.

SPECIAL SITUATIONS

In some situations, we may use or share your health information without your permission or allowing you an opportunity to object.

Examples of these situations include:

When the disclosure is required by law

Disclosures for Disaster Relief

Disclosures for Public Health Activities (such as to prevent or control disease, injury, or disability; to report births or deaths; to report child or disabled adult abuse or neglect; to report reactions to medicine or problems with medical products, etc.)

Disclosures for Law Enforcement

Disclosure for Judicial and Administrative Proceedings

Disclosure for Health Oversight Activities

To Coroners, Medical Examiners and Funeral Directors

For Organ, eye or Tissue Donation Purposes

Disclosure Relates to Medical Research

To Avoid a Serious Threat to Health or Safety

For Specialized Government Functions

Disclosure for Worker's Compensation





ANY OTHER USE OR DISCLOSURE OF YOUR HEALTH INFORMATION REQUIRES YOUR AUTHORIZATION

Under any circumstances other than those listed above, we will ask for your written authorization allowing us to disclose your health information in a specific situation, you can later cancel your authorization in writing by contacting the person listed at the beginning of this Notice. If you cancel your authorization in writing, we will not disclose your health information after we receive your cancellation, except for disclosures being processed before we received your cancellation.

You have the right to request restrictions on uses and disclosures of your health information: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care, such as a family member or friend. We are not required to agree to your request restrictions. Even if we agree to your request, your restrictions may not be followed in certain special situations.

You may request a restriction requests must be in writing to the contact person listed at the beginning of the Notice. We have forms available for this purpose. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (such as disclosures to your spouse). You may terminate your restrictions by giving written notice the same way. Note that if you ask us not to disclose health information to your health plan for items or services for which you paid in full and out of pocket we will not disclose the information to the plan.

You have the right to authorize other use and disclosure. This means you have the right to authorize any use or disclosure of PHI that is not specified within this notice. For example, we would need your authorization to use or disclose your PHI for marketing purposes or for any use or disclosure of psychotherapy notes.

You have the right to request how and where we contact you. For example, you may request that we contact you at work or by e-mail. While we will accommodate reasonable requests, we may ask you to provide us with information on how you will handle payment of your treatment and if there is another address or method of contact. You may request alternative communications by sending a written request to the contact person listed at the beginning of the Notice.

You can ask to see and get a copy of your health record and other health information. These records usually include medical, clinical, billing, and other records used to make decisions about you. In most cases, copies of your health record will be given to you within 30 days, but this time frame can be extended for another 30 days. You may request to see and receive a copy of your health information by sending a written request to the contact person listed at the beginning of the Notice. This means you may inspect, and obtain a copy of your complete health record. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a fee for paper or electronic copies as established by professional, state, or federal guidelines.

There are certain situations in which we are not required to comply with your access request. For example, when the records contain psychotherapy notes or psychiatric/substance abuse notes, records prepared in anticipation of a proceeding or as prohibited by law. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of your denial.

If you provided us permission to use or disclose your health information, you may revoke that permission at any time by giving written notice to the contact person listed at the beginning of the Notice. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made before you notify us of your revocation.

You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing, submitted to the contact person on the front of this Notice and include an explanation of your reasons for the amendment. If we accept your request to amend the information, we will make the amendment, inform you that it has been made and make reasonable efforts to inform others of the amendment, including persons you name who have received your health information and those who need the amended information.





We may deny your request for an amendment if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the health information kept by us.
- Is not part of the information which you would be permitted to inspect and copy.
- Is not accurate and complete.

We will respond to your request in writing within 60 days the reason for the denial and describe your right to give us a written statement disagreeing with the denial.

You have the right to request an “accounting of disclosures.” This is a list of the disclosures of your health information (though it does not include disclosures made for treatment, payment, or for health care operations, or as authorized by you). This list is known as an “accounting of disclosures.” To get this list, you must make your request in writing to the contact person listed at the beginning of the Notice.

You have the right to receive a privacy breach notice:

You have the right to receive a written notification if we discover a breach of your unsecured PHI, and determine through a risk assessment that notification is required.

You have the right to request a paper copy of this Notice at any time by calling the contact person on the front of this Notice and requesting one. If you receive this Notice electronically, you are entitled to a written copy as well.

Medicare Beneficiary Ombudsman:

Patients who are Medicare beneficiaries, or their representative, have the right to receive information and help they need to understand their Medicare options and to apply their Medicare rights and protections. These rights are in addition to the rights available to all patients. <http://www.cms.hhs.gov/ombudsman/resources.asp>

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you think your privacy rights have been violated by us, or you want to complain to use about our privacy practices, you may send a written statement of your complaint to the person listed on the front of this Notice or call (704) 920-7020. You may also send a written complaint to the United States Secretary of the Department of Health and Human Services at Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909 or call them at 1-877-696-6775.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

STATE AND FEDERAL LAWS

Some North Carolina and federal laws require us to protect or disclose your health information in keeping with or in addition to the ways stated in this Notice. For example, state law protects your health information under the doctor-patient privilege. There are also situations when we are required or permitted to disclose your information under the law, such as our obligation to report gun shot wounds. The following are just a few examples of some common situations where state or federal laws require us to protect or disclose your information:

Treatment for Drug and Alcohol Use: North Carolina protects your discussions with a mental health provider about your mental health treatment. Treatment received for drug or alcohol use in a federally funded rehabilitation center, federal laws prevent us from releasing that information, except in certain situations such as an emergency or if you threaten to hurt someone; we can disclose the information appropriately.

Unemancipated Minors: If you are a minor, you have the right to consent to certain treatments without consent of your parent or guardian: (1) for the prevention, diagnosis and treatment of certain illnesses including venereal diseases; (2) for pregnancy; (3) for abuse of controlled substances or alcohol; and (4) for emotional disturbance. North Carolina has certain requirements for parental or guardian consent for abortions. This information will remain confidential, unless your doctor determines your parents or guardian need to know this information because there is a serious threat to your life or health, or your parents or guardian have specifically asked about your treatment.

Inspections and Surveys: Gateway Surgery Center is subject to inspections by state and federal agency and accreditation representatives who may review patient health information, which we are required to provide. For example, the state may ask to review records as part of their review of our license or review of a complaint (you may have certain rights to object to these disclosures). A licensing board may review records when evaluating a provider’s qualifications.

