YELLOWSTONE
SURGERY CENTER

Notice of Privacy Practices

Yellowstone Surgery Center, LLC • 1144 N. 28th St. Billings, MT 59101
Phone: (406) 237-5900 • Fax: (406) 237-5910

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.

We are required by law to provide you with this notice that explains our privacy practices with regard to your medical information and how we may use and disclose your protected health information for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information and we also describe those rights in this notice.

Ways in Which We May Use and Disclose Your Protected Health Information:

The following paragraphs describe different ways that we use and disclose your protected health information. We have provided an example for each category, but these examples are not meant to be exhaustive. All of the ways we are permitted to use and disclose your health information falls within one of these categories.

TREATMENT. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We will also disclose your health information to other physicians who may be treating you. Additionally we may from time to time disclose your health information to another physician whom we have requested to be involved in your care. For example - we would disclose your health information to a specialist to whom we have referred you for a diagnosis to help in your treatment.

PAYMENT. We will use and disclose your protected health information to obtain payment for the health care services we provide you. For example - we may include information with a bill to a third-party payer that identifies you, your diagnosis, procedure performed, and supplies used in rendering the service.

HEALTHCARE OPERATIONS. We will use and disclose your protected health information to support the business activities of our practice. For example - we may use medical information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. In addition, we may disclose your health information to third party business associates who perform billing, consulting, or transcription, or other services for our practice.

APPOINTMENT REMINDERS. We will use and disclose your protected health information to contact you as a reminder about schedule appointments or treatment.

OTHERS INVOLVED IN YOUR CARE. We will use and disclose your protected health information to a family, member, a relative, a close friend, or any other person you identify that is involved in your medical care or payment for care.

RESEARCH. We will use and disclose your protected health information to researchers, provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

REQUIRED BY LAW. We will use and disclose your protected health information when required to by federal, state, or local law. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

NATIONAL PRIORITY USES AND DISCLOSURES. When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as "national priorities." In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that is acceptable to disclose medical information without the individual's permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the "national priority" activities recognized by law. Threat to health or safety: We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.

- ***Public health activities:*** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- ***Abuse, neglect or domestic violence:*** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- ***Health oversight activities:*** We may disclose medical information about you to a health oversight agency - which is basically an agency responsible for overseeing the health care system or certain government programs. For example, a government agency may request information for us while they are investigating possible insurance fraud.
- ***Court proceedings:*** We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.
- ***Law enforcement:*** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
- ***Coroners and others:*** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- ***Workers' compensation:*** We may disclose medical information about you in order to comply with workers' compensation laws.
- ***Research organizations:*** We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- ***Certain government functions:*** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

AUTHORIZATIONS. Other than the uses and disclosures described above, we will not use or disclose medical information about you without the "authorization" - or signed permission - of you or your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter evoking your authorization or fill out an Authorization Revocation Form. Authorization Revocation Forms are available from our Privacy Officer. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

AUTHORIZATIONS (CONTINUED)

The following uses and disclosures of medical information about you will only be made with your authorization (signed permission):

- Uses and disclosures for marketing, fundraising, and/or research purposes.
- Uses and disclosures of genetic information.
- Uses and disclosures that constitute the sales of protected medical information about you.
- Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes.
- Any other uses and disclosures not described in this Notice.

Your Health Information Rights

Although your health record is the physical property of the practitioner or facility that compiled it, the information belongs to you. You have the right to:

A PAPER COPY OF THIS NOTICE. You have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking our receptionist at your next visit or by calling and asking us to mail you a copy.

INSPECT AND COPY. You have the right to inspect and copy the protected health information that we maintain about you in our designated record set for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making decisions about you. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request. We will have 30 days to respond to your request for information that we maintain at our practice site. If the information is stored off-site, we are allowed up to 60 days to respond but must inform you of this delay.

REQUEST AMENDMENT. You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to our Privacy Officer, stating exactly what information is incomplete or inaccurate and the reasoning that supports your request.

We are permitted to deny your request if it is not in the writing or does not include a reason to support the request. We may also deny your request if:

- The information was not created by us, or the person who created it is no longer available to make the amendment.
- The information is not part of the record which you are permitted to inspect and copy.
- The information is not part of the designated record set kept by this practice or if it is the opinion of the health care provider that the information is accurate and complete.

REQUEST RESTRICTIONS ON USES AND DISCLOSURES. You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and healthcare operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of healthcare operations (and is not for purposes of carrying out treatment); and,
2. The medical information pertains solely to a healthcare item or service for which the health care provided involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

You also have the right to request that we restrict disclosures of your medical information and health-care treatment(s) to a health plan (health insurer) or other party,when that information relates solely to a healthcare item or service for which you, or another person on your behalf (other than a health plan), has paid us for in full before any services are provided. Once you have requested such restrictions), and your payment in full has been received, we must follow your restriction(s).

AN ACCOUNTING OF DISCLOSURES. You have the right to request a list of the disclosures of your health information we have made outside of our practice that were not for treatment, payment, or healthcare operations. You request must be in writing and must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003, nor for a period of time greater than six years (or legal obligation to retain information).

If you would like to receive an accounting, contact our Privacy Officer for an Accounting Request Form.

Your first request for a list of disclosures within a 12-month period will be free. If you request an additional list within 12-months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

ALTERNATIVE METHOD OF CONTACT. You have the right to request how we communicate with you to preserve your privacy. For example - you may request that we call you only at work number, or by mail at a special address or postal box. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

NOTIFICATION OF A BREACH OF YOUR MEDICAL INFORMATION OCCURS. You also have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs, and if that information is unsecured (not encrypted), we will notify you promptly with the following information:

- A brief description of what happened;
- A description of the health information that was involved;
- Recommended steps you can take to protect yourself from harm;
- What steps we are taking in response to the breach; and,
- Contact procedures so you can obtain further information.

OPT-OUT OF FUNDRAISING COMMUNICATIONS. If we conduct fundraising and we use communications like the U.S. Postal Service or electronic email for fundraising, you have the right to opt-out of receiving such communications from us. Please contact our Privacy Officer to opt-out of fundraising communications if you chose to do so.

FILE A COMPLAINT. If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our practice or directly to the Secretary of Health and Human Services.

To file a complaint with our manager, you must make it in writing within 180 days of the suspected violation. Provide as much detail as you can about the suspected violation and send it to our Privacy Officer.

To file a written complaint with us, you may bring your complaint directly to our Privacy Officer, or you may mail it to the following address:

Privacy Officer
Yellowstone Surgery Center
1144 N. 28th St.
PO Box 31715
Billings, MT 59107-31715

Uses or Disclosures Not Covered

Uses or disclosures of your health information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reason stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

For more information

If you have questions, would like additional information or would like to know more about your rights, please contact our Privacy Officer at (406) 237-5900 ext. 5908.

Effective Date - September 23rd, 2013