

NOTICE OF PRIVACY PRACTICES

Coastal Surgery Center

**4147 Southpoint Dr. East Jacksonville, FL 32216
(904) 332-6774**

Effective Date: October 1, 2016

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 about this Notice of Privacy Practices ('Notice'), please contact:

Privacy Officer: Faye Evans, LHRN Phone Number: (904) 219-7939 Email: fayetevans@gmail.com

Section A: Who Will Follow This Notice?

This Notice describes Coastal Cosmetic Center, PA (hereafter referred to as 'Provider') Privacy Practices and that of:

Any workforce member authorized to create medical information referred to as Protected Health Information (PHI) which may be used for purposes such as Treatment, Payment and Healthcare Operations. These workforce members may include:

All departments and units of the Provider. Any member of a volunteer group.

All employees, staff and other Provider personnel.

- Any entity providing services under the Provider's direction and control will follow the terms of

this notice. In addition, these entities, sites and locations may share medical information with each other for Treatment, Payment or Healthcare Operational purposes described in this Notice.

Section B: Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the Provider. We need this record to provide you with

quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated or maintained by the Provider, whether made by Provider personnel or your personal doctor.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

Make sure that medical information that identifies you is kept private; Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and Follow the terms of the Notice that is currently in effect.

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Section C: How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other Provider personnel who are involved in taking care of you at the 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. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the Provider also may share medical information about you in order to coordinate different items, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the Provider who may be involved in your medical care after you leave the Provider.

Payment. We may use and disclose medical information about you so that the treatment and services you receive at the Provider may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the Provider so your health plan will pay us or reimburse you for the procedure. We may also tell your health plan about a prescribed treatment to obtain prior approval or to determine whether your plan will cover the treatment.

Healthcare Operations. We may use and disclose medical information about you for Provider operations. These uses and disclosures are necessary to run the Provider and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Provider patients to decide what additional services the Provider should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health care students, and other Provider personnel for review and learning purposes. We may also combine the medical information we have with medical information from other Providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning a patient's identity.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Provider.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities. We may use information about you to contact you in an effort to raise money for the Provider and its operations. We may disclose information to a foundation related to the Provider so that the foundation may contact you about raising money for the Provider. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the Provider. If you do not want the Provider to contact you for fundraising efforts, you must notify us in writing and you will be given the opportunity to 'Opt-out' of these communications.

Authorizations Required We will not use your protected health information for any purposes not specifically allowed by Federal or State laws or regulations without your written authorization, this includes uses of your PHI for marketing or sales activities.

Emergencies. We may use or disclose your medical information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you.

Psychotherapy Notes Psychotherapy notes are accorded strict protections under several laws and regulations. Therefore, we will disclose psychotherapy notes only upon your written authorization with limited exceptions.

Communication Barriers. We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.

Provider Directory. We may include certain limited information about you in the Provider directory while you are a patient at the Provider. This information may include your name, location in the Provider, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. This is so your family, friends and clergy can visit you in the Provider and generally know how you are doing.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care and we may also give information to someone who helps pay for your care, unless you object in writing and ask us not to provide this information to specific individuals. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the Provider. We will almost always generally ask for your specific

permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the Provider.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

E-mail Use. E-mail will only be used following this Organization's current policies and practices and with your permission. The use of secure, encrypted email is encouraged.

Section D: Special Situations

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

• **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

o to prevent or control disease, injury or disability; o to report births and deaths; o to report child abuse or neglect; o to report reactions to medications or problems with products;

to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for

contracting or spreading a disease or condition, and to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits,

investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- o in response to a court order, subpoena, warrant, summons or similar process;
- o to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the Provider; and
- o in emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the Provider to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution

to provide you with health care, to protect your health and safety or the health and safety of others, or for the **safety** and security of the correctional institution.

Section E: Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to Access, Inspect and Copy. You have the right to access, inspect and copy medical information that may be used to make decisions about your care, with a few exceptions. Usually, this includes medical and billing records, but may not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy medical information in certain very limited circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by the Provider will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Provider. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

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

Right to an Accounting of Disclosures. You have the right to request an 'Accounting of Disclosures'. This is a list of the disclosures we made of medical information about you. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the accounting (for example, on paper or electronically, if available). The first accounting you request within a 12 month period will be complimentary. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply (for example, disclosures to your spouse). We are not required to agree to these types of request. We will not comply with any requests to restrict use or access of your medical information for treatment purposes.

You also have the right to restrict use and disclosure of your medical information about a service or item for which you have paid out of pocket, for payment (i.e. health plans) and operational (but not treatment) purposes, if you have completely paid your bill for this item or service. We will not accept your request for this type of restriction until you have completely paid your bill (zero balance) for this item or service. We are not required to notify other healthcare providers of these restrictions, that is your responsibility.

Right to Receive Notice of a Breach. We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:

a brief description of the breach, including the date of the breach and the date of its discovery, if known; a description of the type of Unsecured Protected Health Information involved in the breach; steps you should take to protect yourself from potential harm resulting from the breach; a brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches; contact information, including a toll-free telephone number, email address, Web site or postal address to permit you to ask questions or obtain additional information.

In the event the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on the homepage of our website or in a major print or broadcast media. If the breach involves more than 500 patients in the state or

jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 patients, **we are** required to immediately notify the Secretary. We also are required to submit an annual report to the Secretary of a breach that involves less than 500 patients during the year and will maintain a written log of breaches involving less than 500 patients.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or hard copy or email. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website.

www.CoastalCosmetic.com.

To exercise the above rights, please contact the individual listed at the top of this Notice to obtain a copy of the relevant form you will need to complete to make your request.

Section F: Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice. The Notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you register at or are admitted to the Provider for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.

Section G: Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Provider or with the Secretary of the Department of Health and Human Services; <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

To file a complaint with the Provider, contact the individual listed on the first page of this Notice.

Section H: Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice or the

laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Section 1: Organized Healthcare Arrangement

The Provider, the independent contractor members of its Medical Staff (including your physician), and other healthcare providers affiliated with the Provider have agreed, as permitted by law, to share your health information among themselves for purposes of treatment, payment or health care operations. This enables us to better address your healthcare needs.

Revision Date: March 03, 2013, to be compliant with HIPAA Omnibus Privacy Rules.

Original Effective Date: April 14, 2003.

Coastal Cosmetic Surgery Center

PATIENT'S RIGHTS AND RESPONSIBILITIES

Centers for Medicare and Medicaid Services (CMS) The patient and the patient's representative or surrogate has the right to:

Be free from discrimination or reprisal
Voice grievances regarding treatment or care that is (or fails to be) provided
Be fully informed about a treatment or procedure and the expected outcome before it is performed
Personal privacy
Respect, dignity, and comfort
Receive care in a safe setting
Be free from all forms of abuse or harassment
Receive information about their privacy rights and how their information can be used
Privacy and confidentiality of medical record information
Make informed decisions regarding care
Formulate an Advanced Directive
Delegate his/her right to make informed decisions to another person

Know if your physician has a financial interest or ownership in the Center

- File a grievance

If a patient is adjudged incompetent under applicable State laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.

If a state court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with State law may exercise the

patient's rights to the extent allowed by State law.

FL State The patient and the patient's representative or surrogate has the right to:

Be treated with courtesy and respect, with appreciation of his or her dignity, and with the protection of privacy
Receive a prompt and reasonable response to questions and requests
Know who is providing medical services and who is responsible for his or her care
Know what patient support services are available, including if an interpreter is available if the patient does not speak English
Know what rules and regulations apply to his or her conduct
Be given by the health care provider information such as diagnosis, planned course of treatment, alternatives, risks, and prognosis
Refuse any treatment, except as otherwise provided by law
Be given full information and necessary counseling on the availability of financial resources for care
Know whether the health care provider or facility accepts the Medicare assignment rate, if the patient is covered by Medicare
Receive prior to treatment, a reasonable estimate of charges for medical care. Receive a copy of understandable itemized bill and, if requested, to have the charges explained
Receive medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment
Receive treatment for any emergency medical condition that will deteriorate from failure to provide **treatment**
Know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such research
Express complaints regarding any violation of his or her rights

Accreditation Association for Ambulatory Health Care (AAHC) The patient and the patient's representative or surrogate has the right to:

- Be treated with respect, consideration, and dignity
- Be provided appropriate privacy

When the need arises, reasonable attempts are made for healthcare professionals and other staff to communicate in the language or manner primarily used by patients
Be provided to the degree known, information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person
Be given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons
Know services available at the facility
Know provisions for after-hours and emergency care
Know fees for services
Know payment policies
Formulate advance directives
Know the credentials of healthcare professionals
Know if there is an absence of malpractice insurance coverage
Know how to voice grievances regarding treatment or care
Know methods for providing feedback, including complaints
Be informed of their right to change providers if other qualified providers are available

FL State The patient or as appropriate the patient's representative is responsible

for:

Giving the health care provider accurate information about present complaints, past illnesses, hospitalizations, medications, and any other information about his or her health
Reporting unexpected changes in his or her condition to the health care provider
Reporting to the health care provider whether he or she understands a planned course of action and what is expected of him or her
Following the treatment plan recommended by the health care provider
Keeping appointments and, when unable to do so, notifying the health care provider's instructions
Making sure financial responsibilities are carried out
Following health care facility conduct rules and regulations

Accreditation Association for Ambulatory Health Care (AAAHC) The patient or as appropriate the patient's representative is responsible for:

Providing complete and accurate information to the best of his/her ability about his/her health, any medications taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities
Following the treatment plan prescribed by his/her provider and participating in his/her care
Providing a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by the provider
Accepting personal financial responsibility for any charges not covered by insurance
Behaving respectfully toward all the health care professionals and staff, as well as other patients

Complaint/grievance process:

If you are not satisfied with the response of the Surgery Center, you may contact the State of Florida via:

Mail: Agency for Health Care Administration
Consumer Assistance Unit 2727 Mahan Drive/BLDG. 1
Tallahassee, FL 32399 Phone: Consumer Assistance Unit at 1-888-419-3456
Email: www.floridashealth.com

If you have a complaint against a healthcare professional contact:

Mail: Department of Health

Consumer Services Unit 4052 Bald Cypress Way, Bin C7S
Tallahassee, FL 32399 Phone: Consumer Services Unit at 1-888-419-3456 (press 1)
Email: MQA.consumerservice@flhealth.gov

You may also contact AAAHC via:

Mail: Accreditation Association for Ambulatory Health Care, Inc.
5250 Old Orchard Road, Suite 200
Skoike, Illinois 60077 **Phone:** 1-847-853-6060

You may also contact the Joint Commission via:

Mail: The Office of Quality and Patient Safety
The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181
Phone: 630-792-5636

NOTE: Role of Medicare Ombudsman is to ensure that Medicare Beneficiaries receive the information and help them need to understand their Medicare options and to apply their Medicare rights and protections.

All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's webpage on the web at:
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get.help/ombudsman.html>