**SUMMARY OF HIPAA NOTICE OF PRIVACY PRACTICES**

**THIS SUMMARY DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

You have our commitment to make sure that any health information that identifies you is kept private, give you notice of our legal duties and privacy practices, and follow the terms of the Notice of Privacy Practices that is currently in effect.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to provide health care services to you, carry out treatment, coordinate payment of health care operations, support the operation of the surgery center, and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information that may identify you and relates to your past, present, or future physical or mental condition and related health care services.

Examples of disclosure of your PHI include: for the purposes of health care treatment or services; for payment for treatment and services; for healthcare operations of the surgery center; for research; for quality improvement; as required by law; to avert a serious threat to health or safety; as required by military command if you are a member of the armed forces; for worker’s compensation; public health risks/activities such as licensure/inspection, lawsuits, and disputes; for law enforcement; for organ and tissue donations; for abuse, neglect, or domestic violence; for coroner or health examiners or funeral directors; for purposes of national security and intelligence activities; for protective services for the President and Others; and to correctional institutions if you are an inmate. We will also use and disclose your PHI to provide, coordinate, or manage your health care and any related services.

Examples of other permissible or required disclosures of PHI include: to business associates such as the billing and coding company; notification or assistance in notifying a family member or person responsible for your care; and communication to a family member or person responsible for your care unless you object to the disclosure.

You have rights with respect to your PHI that include your right to inspect and/or receive a copy of any or all of your PHI by a request in writing. You may request an electronic copy of your PHI if maintained by the surgery center in an electronic health record. You have the right to request an amendment to your PHI if you feel your PHI is incorrect or incomplete. We may deny this request if it is not in writing or does not include a reason to support the request. You have the right to request a list of any disclosures of your PHI except those made for the purposes of treatment, payment, health care, operations, and certain other purposes if such disclosures were made through a paper record. You have the right to request a restriction or limitations on the use and disclosure of your PHI. We are not required to agree with your restrictions, unless you pay for a service entirely out of pocket. You have the right to request that we communicate with you in a certain way or location. You have a right to obtain a copy of this full notice at any time. You have the right to revoke an authorization for use and disclosure of your PHI.

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy officer of your complaint at 541-262-4111. We will not retaliate against you for filing a complaint.

As we continue to serve our patients, Central Oregon Surgical Institute may change our privacy practices for PHI that we collect and maintain and any terms of this notice. The copy of the complete current notice will always be available to our patients upon request.