

EVERGREEN SURGERY CENTER, LLC

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 about this notice, please contact our Privacy Officer at 425-899-5599

WHY ARE WE GIVING YOU THIS NOTICE?—Our Responsibilities

Evergreen Surgery Center respects your privacy and understands that medical information about you and your health is personal and sensitive. In 1996, the United States Congress enacted a law titled the Health Insurance Portability and Accountability Act, commonly known as “HIPAA” and referred to herein as “the Act.” The Act, and similar state laws which apply to us, are designed to help protect the privacy of individual health information that we have created or received regarding your healthcare or payment for your healthcare, which includes your medical records and personal information such as your name, social security number, address, and phone number. One of the requirements of the law is to provide you with this notice of our legal duties and privacy practices in order to better inform you about your rights and how your medical information *may* be used. This notice describes the ways we *may* use and disclose medical and other personal information about you and our obligations as and if we do so. It also describes your rights and obligations regarding the use and disclosure of your medical information. We are required to make sure that medical information that identifies you is kept private, and to follow the terms of the Privacy Notice that is currently in effect.

WHO WILL FOLLOW THIS NOTICE

All members of the Medical Staff of this entity and any other health care professional authorized to enter information into your medical record maintained at Evergreen Surgery Center. Members of the Medical Staff and other healthcare providers who are not employed by Evergreen Surgery Center and are independent provide many healthcare services occurring at Evergreen Surgery Center. Evergreen Surgery Center, its Medical Staff and other independent healthcare providers have formed an “organized health care arrangement” as authorized by the Act so that we may share your health information with each other as necessary and appropriate to carry out treatment and health care operations relating to services you receive at Evergreen Surgery Center and to obtain payment for those services. Your independent healthcare provider may have different privacy policies or notices regarding the use and disclosure of your medical information created in his or her office or clinic, and you should discuss such policies with that person or entity.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

Evergreen Surgery Center is allowed to use and disclose your medical information in a number of ways pertaining to your treatment, payment for your care, and our health care operations. The following three categories describe some of the different ways that we use and disclose medical information. Not every possible use or disclosure is listed, but all of the ways we are permitted to use and disclose information will fall within one of these three categories:

1. 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, medical students, or other authorized personnel who are involved in your health care. 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. Evergreen Surgery Center may also share medical information about you with different departments of Evergreen Healthcare in order to coordinate services you need, such as prescriptions, lab work and x-rays.

2. Payment. We may use and disclose medical information about you so that we can collect payment from you, your insurance company, or another third party for the treatment and services you receive at Evergreen Surgery Center. For example, we may need to give your health plan or health insurer information about surgery you received at Evergreen Surgery Center so it will pay us or reimburse you for the surgery. We may also tell your health plan or health insurer about a treatment you are going to receive to obtain prior approval or to determine if your insurance plan will cover it.

3. Health Care Operations. We may use and disclose medical information about you for operational purposes. These uses and disclosures are necessary to run Evergreen Surgery Center efficiently and effectively and to make sure that all of our patients receive quality care. For example, we may use medical information to review and improve the care you receive, to provide training, to help decide the services we offer, and what rates to charge. We may also share your health information with other individuals (such as consultants and attorneys) and organizations that help us with our business activities. If we share your health information with other organizations for this purpose, they must also agree to protect your privacy, pursuant to agreements with Evergreen Surgery Center.

OTHER ROUTINE USES AND DISCLOSURES

Appointment Reminders. We may contact you in writing or by phone to remind you that you have an appointment for treatment or medical care at Evergreen Surgery Center.

Treatment Alternatives. We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may tell you about health-related benefits, services, or health care education classes or health fairs that may be of interest to you.

Fundraising Activities. We may release certain information to the Evergreen Healthcare Foundation so that it may contact you to give you the opportunity to make donations that will help further the mission of Evergreen Healthcare. The information released would be limited, such as your name, address and phone number and the dates you received treatment or services from us. You may contact our Privacy Officer in writing if you do not want the Foundation to contact you for this purpose.

Surgery Schedule. We may include certain limited information about you on a surgery schedule while you are a patient at Evergreen Surgery Center. This information includes your name, procedure(s), physician name and time of surgery. Limited information such as your name and general progress may be released to people who ask for you by name. This is so your family, friends and clergy can locate you at Evergreen Surgery Center and generally know how you are doing. If you do not want the limited information to be released, you must notify the patient registration staff or your nurse.

Individuals Involved in Your Care or Payment for Your Care. We may release or disclose medical information about you to a friend or family member who is involved in your health care, to someone who helps pay for your care, or to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. The

information may include, but not necessarily be limited to, your condition and that you are at Evergreen Surgery Center.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes provided that certain steps are in place to protect your privacy. In these cases, a research review board will usually review and approve the research project to ensure that adequate privacy protections are in place. 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. If the researcher will have access to your name, address, or other information that identifies you or will be involved in your care, we will usually ask for your specific permission.

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

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 from materializing.

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. These programs provide benefits for work-related injuries or illness.

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

- To prevent or control disease, injury or disability;
- To report vital statistics such as births or deaths;
- To report suspected abuse, neglect or domestic violence to the appropriate government authority;
- 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.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law such as 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.

Legal Proceedings. We may disclose medical information about you in the course of any legal proceeding in response to an order of a court or administrative agency and, in certain cases, in response to a subpoena, discovery request, or other lawful process.

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

- In response to a court order, subpoena, warrant, summons or similar process;
- 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 which may have occurred at Evergreen Surgery Center; and
- In emergency circumstances to report a crime; the location of the crime; or the identity, description and/or location of the victim or person who may have 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 Evergreen Surgery Center 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 or in connection with providing protective services to the president of the United States or foreign heads of state.

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 for certain purposes, such as providing health care to you or protecting your health and safety or that of other individuals.

YOUR HEALTH INFORMATION RIGHTS

Note: You may exercise any of the rights described below, or ask questions about these rights, by contacting the Privacy Officer at 425-899-5599.

You have the right to:

- **Request restrictions** by asking that we limit the way we use or disclose your medical information for treatment, payment, or health care operations. You may also ask that we limit the information we give to someone who is involved in your care, such as a family member or friend. We are not required to agree to your request. If we do agree, we will honor your restriction unless it is an emergency. We may ask you to make your request in writing.
- **Ask that we communicate with you** by another means to preserve confidentiality. For example, if you want us to communicate with you at a different address or telephone number we can usually accommodate your request if it is reasonable. We may ask that you make your request in writing.
- **Request access to or a copy of your health information.** We will ask that you make your request specific and in writing. We may charge a reasonable fee for the cost of producing and mailing the copies. In certain situations we may deny your request and will tell you why we are denying it. In some cases, you may have the right to ask for a review of our denial.
- **Ask us to amend your health information** in our records that you believe is incorrect or incomplete. Your request for amendment must be in writing and provide the reason for your request. In certain cases, we may deny your request. If so, we will notify you in writing. You may respond by filing a written statement of disagreement with us and ask that the statement be included with your health information.

- **Seek an accounting of certain disclosures** by asking us in writing for a list of the disclosures we have made of your health information, except for disclosures for treatment, payment, health care operations, information provided to you, certain government functions, and disclosures made prior to April 14, 2003. You may receive one list per year at no charge. If you request another list during the same year, we may charge you a reasonable fee.
- **Receive a paper copy of this notice.** We will offer you a copy of the notice the first time you register or present for treatment or health care services at Evergreen Surgery Center. You may request a copy of this notice at any time.

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 prior to a revocation, and that in any event we are required to retain our records of the care that we provided to you.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this notice at any time. 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 at patient registration areas at Evergreen Surgery Center. The notice will contain the effective date on the top right-hand corner of the first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may contact the Privacy Officer at 425-899-5599 or submit your complaint in writing to Privacy Officer, Evergreen Surgery Center, 12333 NE 130th Lane, Suite 500, Kirkland, WA 98034. If we cannot resolve your concern, you may also contact the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.