



**Banner  
Surgery Centers**

## 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.

## YOUR PATIENT'S RIGHTS & RESPONSIBILITIES

### YOUR SAFETY

### YOUR RIGHTS AS A PATIENT

Each patient has the right:

- ◆ To be admitted to the facility for treatment without regard to age, race, color, religion, sex or origin
- ◆ To be treated with respect, consideration and dignity
- ◆ To expect quality care and service from this Center
- ◆ To know, in advance, the estimated amount for services
- ◆ To receive an explanation of the final bill, regardless of source of payment
- ◆ To full consideration of privacy concerning your medical care
- ◆ To information concerning your diagnosis, treatment and prognosis, to the degree known, in terms you can understand. If concern for your health makes it inadvisable to give such information to you, such information shall be made available to an individual designated by you or to a legally authorized individual.
- ◆ To receive from your physician sufficient information to be able to understand the procedure or treatment being received in order to sign the operative consent
- ◆ To confidential treatment of your medical records and to know that you are given the opportunity to approve or refuse their release to outside parties except when otherwise required by law
- ◆ To refuse treatment and to be informed of the consequences of this action
- ◆ To receive prompt pain assessment, treatment and information concerning pain prevention and/or relief measures
- ◆ To be given the opportunity to participate in decisions involving your health care, including changing your physician, without being subject to discrimination or retaliation. An exception would be when such participation is medically contraindicated
- ◆ To be informed of any persons other than routine personnel that would be observing or participating in the treatment
- ◆ To know if any research will be done during your treatment and the right to refuse
- ◆ To be informed of continuing health care you will receive following discharge
- ◆ To know methods for expressing grievances and suggestions and the right to voice them
- ◆ To be free from chemical, physical, and psychological abuse or neglect
- ◆ To associate privately with a person of the patient's choice
- ◆ To be free of physical restraints with the exception of an emergency when restraint is necessary to protect the patient from injury to self or others, and is authorized by the attending physician
- ◆ To be made aware, prior to the procedure, that your physician(s) may have ownership or investment interest in the facility
- ◆ To have access to a public telephone
- ◆ To receive written discharge instructions prior to leaving the facility

### YOUR RESPONSIBILITIES AS A PATIENT

Each patient has the responsibility:

- ◆ To read and understand all permits and/or consents you sign. If you do not understand, it is your responsibility to ask the nurse or physician for clarification.
- ◆ To read and reach your own decisions regarding Advance Directives
- ◆ To provide, to the best of your knowledge, accurate and complete information regarding your health, medications and past treatments
- ◆ To follow any pre-operative written or oral instructions from the physician or surgical center
- ◆ To notify the physician or surgical center if these instructions have not been followed
- ◆ To provide an adult to transport you home after surgery if you have received medications and/or anesthesia
- ◆ To provide for someone to be responsible for your care for the first 24 hours after your procedure
- ◆ To follow carefully any written or verbal post-op instructions from your physician(s) or nurse(s)
- ◆ To contact your physician regarding any post-operative question or problem
- ◆ To assure all financial obligations for services are fulfilled as promptly as possible and to assume ultimate responsibility for payment regardless of insurance coverage
- ◆ To notify the surgical center if you feel any rights have been violated, or if you have a complaint or a suggestion for improvement, by returning your patient survey card
- ◆ To cooperate with your health team in developing a pain management plan which includes assisting your doctors and nurses to assess your pain, requesting pain relief when pain first begins and informing your doctors and nurses when pain is not relieved

### WE CARE ABOUT YOUR SAFETY.....

We need your help in giving you the best and safest care while providing you with a safe and secure environment. You may not know about the latest technologies or medicines, but you and your family know your body and health habits better than anyone.

#### It is our responsibility to help you understand your care.

- ☉ Whenever you have questions or concerns, ask us! It is your body and you have a right to know.
- ☉ If you don't understand the answer, ask again.
- ☉ If you are concerned about something, tell us.

#### You have the right to:

- ☉ Expect reasonable safety and security in our Outpatient Surgery practices and environment
- ☉ Be free from chemical or physical restraints and seclusion unless clinically necessary
- ☉ Be protected from any form of physical abuse, physical punishment, sexual abuse, verbal abuse and psychological abuse including humiliating, threatening and exploitative actions.
- ☉ Seek advocacy services to investigate and/or protect you following hospitalization from abuse, neglect and/or fraud.
- ◆ All Banner Surgery Centers caregivers wear ID badges that include their name, photo and dept. Before anyone gives you care, if you do not see a name badge, ask who they are and where they are from.
- ◆ When a caregiver approaches you, they should tell you why they are there and what they will be doing. If the person does not explain, ask.
- ◆ If you are concerned or have questions, ask your nurse.
- ◆ Know the names, doses and the times you take your medicines. Bring a list of ALL of your medicines.
- ◆ Do not forget to list ALL of your allergies.
- ◆ Although BSC policy prohibits the acknowledgement of Advance Directives, we will gladly provide you with information upon request.

Banner Surgery Centers encourages you to report any concerns you may have about your safety throughout and after the course of your care. Please contact the Surgery Center's Administrator; there will be no retaliation on the part of BSC.

**BANNER SURGERY CENTERS**

## NOTICE OF PRIVACY PRACTICES

Banner Surgery Centers (BSC) is committed to protecting the confidentiality of information about you, and is required by law to do so. This notice describes how we may use information about you within BSC and how we may disclose it to others outside BSC. This notice also describes the rights you have concerning your own health information. Please review it carefully and let us know if you have questions.

### HOW WILL WE USE AND DISCLOSE INFORMATION ABOUT YOU?

**TREATMENT:** Banner Surgery Centers may use information about you to provide you with medical services and supplies. We may also disclose information about you to others that need that information to treat you, such as doctors, physician assistants, nurses, technicians and others involved in your care. For example, we will allow your physician to have access to your medical record to assist in your treatment.

We may also use and disclose information about you to contact you for your pre-procedure health history and provide you with information to assist you prior to and on the day of your procedure.

**FAMILY MEMBERS & OTHERS INVOLVED IN YOUR CARE:** BSC may disclose information about you to a family member or friend who is involved in your medical care. If you do not want us to disclose information about you to family members or others, you must notify one of the nursing staff.

**PAYMENT:** BSC may use and disclose information about you to get paid for the medical services and supplies we provide to you. For example, your health plan or health insurance company may request to see parts of your medical record before they will pay us for your treatment/procedure.

**HEALTH CARE OPERATIONS:** BSC may use and disclose information about you if it is necessary to improve the quality of care we provide to patients or to run the health care operations. We may use information about you to conduct quality improvement activities, to obtain audit, accounting or legal services. 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.

**REQUIRED BY LAW:** Federal, State, or local laws do NOT require patient consent to disclose information which is REQUIRED to be reported. For instance, we are required to report child abuse and neglect, gunshot wounds, etc. Public policy has determined that these types of needs outweigh the patient's right to privacy. Banner Surgery Centers is also required to give information to the state workers' compensation program for work-related injuries.

**PUBLIC HEALTH:** Banner Surgery Centers also may report certain medical information for public health purposes. For instance, we are required by law to report births, deaths, and communicable diseases to the State. We also may need to report patient problems with medications or medical products to the manufacturer and to the FDA, or may notify patients of recalls of products they are using.

**PUBLIC SAFETY:** BSC may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials or to the court in response to a search warrant or other court order. We may also disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct at the facility. We also may disclose information about you to law enforcement officials and others to prevent a serious threat to health or safety.

**HEALTH OVERSIGHT ACTIVITIES:** BSC may disclose medical information to a government or oversight agency that oversees BSC facilities or its personnel, such as the State's Department of Health Services, or other federal agencies that oversee Medicare, or licensing agencies who govern physicians and other healthcare professionals.

**CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** BSC may disclose medical information concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

**ORGAN AND TISSUE DONATION:** BSC may disclose medical information to organizations that handle organ, eye or tissue donation or transplantation.

**MILITARY VETERANS, NATIONAL SECURITY AND OTHER GOVERNMENT PURPOSES:** If you are a member of the armed forces, we may release information about you as required by military command authorities or to the Department of Veteran Affairs. We may also disclose medical information to federal officials for intelligence and national security purposes, for Presidential Protective Services, or to the Department of State for its security issues.

**JUDICIAL PROCEEDINGS:** BSC may disclose medical information in a lawsuit where your health status is an issue. For example, BSC may be ordered to do so by court order or search warrant.

### **INFORMATION WITH ADDITIONAL PROTECTION:**

Certain types of medical information may have additional protection under State or Federal law. For instance, medical information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, a court-ordered mental evaluation may be treated differently than other types of medical information. For those types of information, BSC may obtain your authorization to release this information except as required by law.

**OTHER USES AND DISCLOSURES:** Banner Surgery Centers will honor your requests to disclose medical information to others.

### WHAT ARE YOUR RIGHTS?

#### **RIGHT TO REQUEST INFORMATION ABOUT YOU:**

You have the right to look at information about you and to get a copy of that information. This includes your medical record, your billing record, and the other records we use to make decisions about your care. To request information about you, submit a written authorization to Health Information Management Services for medical information and to the Business Office for your billing records. If you request a copy of your information, we may charge you for our costs to copy the information. We will tell you what this copying will cost. You can look at your record at no cost. The law requires us to keep the original record.

#### **RIGHT TO REQUEST TO AMEND OR SUPPLEMENT INFORMATION ABOUT YOU THAT YOU BELIEVE IS INCORRECT OR INCOMPLETE:**

If you see information about you and believe that some of the information is incorrect or incomplete, you may ask us to amend your record. You may submit a request to amend your information. Submit a written request to Health Information Management Services for medical information or to the Business Office for your billing records.

#### **RIGHT TO GET A LIST OF CERTAIN DISCLOSURES OF INFORMATION ABOUT YOU:**

You have the right to request a list of certain disclosures we made of information about you. If you would like to receive such a list, contact Health Information Management Services. We will provide the first list to you at no charge, but we may charge you for any additional lists you request during a twelve month period. We will tell you in advance what this list will cost.

#### **RIGHT TO REQUEST RESTRICTIONS ON HOW BSC WILL USE OR DISCLOSE INFORMATION ABOUT YOU FOR TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS:**

You have the right to request us not to use or disclose information about you to treat you, to seek payment for care, or to operate the health care system. We are not required to agree to your request, but if we do agree, we will comply with that agreement unless that information is necessary to provide you emergency treatment. We will try to honor a restriction of your information for payment purposes. If you want to request a restriction, submit your request in writing describing your request to Health Information Management Services for medical information and to the Business Office for your billing records.

#### **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:**

You have the right to request us to communicate with you in a way that you feel is more confidential. We will accommodate reasonable requests including alternative addresses or alternative means. For example, you can ask us not to call your home, but to communicate only by mail. To do this, submit your request in writing to Health Information Management Services. You can ask to speak with your health care providers in private, outside the presence of other patients.

## **RIGHT TO A COPY OF THE PATIENT'S NOTICE OF PRIVACY PRACTICES:**

You have the right to a paper copy of the Notice at any time. We may amend or revise our practices concerning how we will use or disclose patient medical information, or how we will implement patient rights concerning their information. We will reserve the right to change this Notice and to make the provisions in our new Notice effective for all information about you we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You may obtain a copy of our current Notice of Privacy Practices at <http://www.bannersurgerycenters.com>, at the Registration area or upon request.

### WHICH HEALTHCARE PROVIDERS DOES THIS NOTICE COVER?

This Notice of Privacy Practices applies to Banner Surgery Centers facilities and its personnel, volunteers, students and trainees. The Notice also applies to other health care providers that come to the facility to care for patients, such as physicians, physician assistants, therapists, emergency services providers, medical transportation companies, medical equipment suppliers, and other health care providers not employed by BSC unless these other health care providers give you their own Notice that describes how they will protect your medical information. BSC may share your medical information with these other health care providers for their treatment, payment, and health care operations. This arrangement is only for sharing information and not for any other purpose.

### DO YOU HAVE CONCERNS OR COMPLAINTS?

Please tell us about any problems or concerns you have with your privacy rights, with how BSC uses or discloses information about you, or about the treatment you received or failed to receive. If you have a concern, please contact the Surgery Center Administrator. If for some reason Banner Surgery Centers personnel cannot resolve your concern, you may also file a complaint with the federal government. To file a complaint against a BSC facility, contact the Secretary of the Department of Health and Human Services. We will not penalize you or take any retaliatory action against you in any way for filing a complaint with the federal government.

### DO YOU HAVE QUESTIONS?

Banner Surgery Centers is required by law to give you this Notice and to follow terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how we may use and disclose information about you, please contact the Surgery Center Administrator.