



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.

Our Commitment

Park Place Surgical Hospital (“PPSH”) remains committed to protecting the privacy of our patients’ protected health information (“PHI”) and is dedicated to complying with laws governing the privacy of PHI. This Notice explains our privacy practices, legal duties, and your rights concerning your PHI. PHI includes information about your health care and treatment combined with information like your name, age, birth date, address, or financial information. This Notice is effective as of **1101/2022** and will remain in effect until revised.

We protect your PHI by:

- Treating all PHI as confidential.
- Maintaining policies and practices that govern our staff in handling your PHI, as well as provide sanctions for violations.
- Restricting access to your PHI to only those that need it in providing services to you.
- Disclosing only the PHI that is minimally necessary for an outside service to perform a function on behalf of the PPSH and requiring that they agree to confidentiality of PHI disclosed.
- Maintaining administrative, physical, and technical safeguards to protect your PHI.

Types of Uses and Disclosures of Your PHI

We will use and disclose health information about you for treatment, payment, and health care operations. For example:

- **Treatment:** We may use and disclose your PHI to other healthcare providers currently treating you to assist in such treatment.
- **Payment:** We may use and disclose your PHI to obtain payment for services we provide to you.
- **Healthcare Operations:** We may use and disclose your PHI for our healthcare operations, including quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training and educational programs, accreditation, certification, licensing, or credentialing activities.

Other Purposes for Which PPSH is Authorized to Use or Disclose your PHI

- **Your Authorization:** In addition to our use of your PHI for treatment, payment, or healthcare operations, you may give us written authorization to use or disclose your PHI for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.
- **Persons Involved in Care:** We may use or disclose PHI to notify, or assist in the notification of a family member, your personal representative, or another person responsible for your care, of your location, general condition, or death. If you are present and capacitated, then we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will require a signed authorization by you or your legal representative.
- **Required by Law:** We may use or disclose your health information when we are required to do so by law, including, but not limited to, court orders, warrants, subpoenas, discovery requests, or other lawful process.
- **Public Health Activities:** We may use or disclose your PHI to a public health authority for public health activities such as preventing the spread of a communicable disease.



- **Abuse or Neglect:** We may disclose your PHI to a government authority if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence, or the possible victim of other crimes.
- **To Avert a Serious Threat to Health or Safety:** We may disclose your PHI to the extent necessary to avert a serious threat to health or safety.
- **Workers' Compensation:** We may disclose your PHI to a workers' compensation insurer when related to treatment of an injured worker.
- PPSH will not use or disclose any PHI for marketing or sale. However, PHI may be used or disclosed in connection with the future sale of all or part of PPSH. In the event that PHI is used for fundraising purposes, you have the right to opt out of such communications.

Patient Rights

You have the right to request all of the following:

- **Restriction Requests:** You have the right to request a restriction on the uses and disclosures of your PHI. Although we are not always required to grant a restriction, those granted will be upheld. Further, you have the right to request restriction, and such request will be granted, regarding certain disclosures of PHI to a health plan where the individual or someone on his or her behalf pays out of pocket for the health care item or service provided.
- **Confidential Communication:** You have the right to request that communication containing PHI be conducted in an alternate way or at an alternate location.
- **Your Right to Inspect PHI:** You have the right to request and inspect your PHI, subject to reasonable copying expenses. Inspection will not be allowed if we determine that the information could be harmful to you or another person or if it involves psychotherapy notes, records compiled in reasonable anticipation of litigation, or PHI whose release is prohibited by federal or state laws.
- **Amendment:** You have the right to request an amendment to your PHI in writing.
- **Accounting of Disclosures:** You have the right to request an accounting of disclosures of your PHI, outside of those disclosures permitted without authorization, for the past six (6) years. The accounting will include: the date, name of person or entity, description of the PHI disclosed, the purpose of the disclosure, and other related information. If more than one (1) accounting is requested in a twelve (12) month period, a reasonable fee may be charged.

Duties of the PPSH

PPSH is required by law to maintain the privacy of PHI, to provide this Notice, and to notify affected individuals following a breach of unsecured PHI. Moreover, PPSH is required to abide by the terms contained in this Notice. PPSH reserves the right to change this Notice and make the new Notice effective for all PHI we maintain. In the event of a change, the revised Notice will be posted in the waiting room and website of the PPSH.

Complaints

You have the right to complain to PPSH, and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. Complaints may be filed with the Privacy Officer at [\(337\)237-8119](tel:3372378119). PPSH will not engage in any retaliatory acts in response to the filing of a complaint.