



Transformations Surgery Center, Inc.

Notice of Privacy Practices

Effective Date: 01/01/2008

**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.**

Transformations Surgery Center, Inc. ("Surgery Center"), is an ambulatory surgery center and is a joint venture between Meriter Hospital, Inc., and the University of Wisconsin Medical Foundation, Inc. We value the privacy of your medical information, and want you to understand how we use that information for your health care, payment, and the business of health care, most notably for quality improvement activities. Please review the following notice carefully.

## **I. UNDERSTANDING YOUR HEALTH INFORMATION**

Each time you visit the Surgery Center for health care a record of your visit is made. This record usually contains identification and financial information as well as symptoms, diagnoses, test results, a description of a physical examination, and a treatment plan. This record is often referred to as your "medical record," or "health information," and includes information contained in paper as well as electronic records. Your health information is used:

- to plan for your care and treatment;
- for communication among your health care professionals;
- as a legal document describing the care you received;
- as a way for you or your insurance company to verify the services provided;
- to help us review and improve health care and outcomes;
- as a source of information for important health research;
- to train health professionals and students;
- for other similar activities that allow us to operate efficiently and provide you with quality care.

## **II. THE SURGERY CENTER'S DUTY TO PROTECT YOUR HEALTH INFORMATION**

Under the Health Insurance Portability and Accountability Act of 1996 (a Federal law also known as "HIPAA"), we are required to keep your health information confidential,

and to provide you with this notice of our legal duties and privacy practices. This notice describes how we will use and disclose your health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. Our privacy practices are intended to protect the confidentiality of the health information that specifically identifies or could be used to identify you.

We may change the terms of this notice if our privacy practices change or as federal or state requirements change. Each notice will have an effective date listed on the first page. We reserve the right to make the amended notice effective for any health information we have at the time the change is made, as well as for future health information.

You may obtain a current copy of our Notice of Privacy Practices at the Surgery Center registration area or at our website at: <http://www.uwhealth.org/madisonplasticsurgery/transformationsurgerycenterinc/12433>.

### **III. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

We may use and disclose your health information for many different reasons, most of which are necessary to provide you with quality health care services. Federal and state law do not require us to get your permission to perform many routine functions, especially those activities necessary to treat you, create and deliver bills for your treatment, and other routine activities necessary to perform efficiently. Federal and state law also permit us to share this information with third parties who assist us in the performance of these routine functions. For some activities, however, federal and/or state law requires us to obtain your written authorization.

Please note that Wisconsin law is more protective of certain health information than HIPAA. As required by state law, in most cases, we may not disclose your information, if any, related to treatment for mental health, alcohol or drug dependence, or HIV status without your written authorization.

*The following descriptions contain examples, but do not refer to every way in which your health information could be used or disclosed. The Surgery Center may use or disclose your health information in ways permitted by law that are not included in the examples below.*

#### **A. Uses and disclosures of your health information for the purpose of providing you with medical care**

Providing you with treatment, collecting payment, and conducting health operations are necessary activities for delivering health care. State and federal law permits us to use and disclose your health information for these purposes. Examples of what constitutes treatment, payment, and health care operations follow.

##### **1. Treatment Examples:**

- A physician operating on you may need to know if you have diabetes because diabetes may slow the healing process. The physician may talk with your primary physician or may read your medical record.
- We may disclose your health information to coordinate such activities as writing and filling prescriptions, and ordering and viewing lab work and x-rays.

## **2. Payment Examples**

- We may need to give your health insurance plan information about your surgery in order to receive payment.
- We may also tell your health insurance plan about treatment to obtain approval or to determine whether your plan will pay for the treatment.
- We may bill the person in your family who is responsible for payment or who pays for your health insurance.

## **3. Health Care Operations Examples**

- Your health information may be used to review the performance and competence of physicians and others involved in your care.
- Your health information may be used in training programs for health sciences students who will become future health care professionals.
- We may use your health information for administrative activities, or for accreditation, certification, or licensing purposes.

## **B. Other uses and disclosures of your information that do not require your authorization.**

There are some instances, usually those in the “interest of the public,” when we are permitted or required by law to use and disclose your information without your authorization. For example:

### **1. Disclosures required by law**

We will disclose medical information about you when required to do so by federal or state laws.

### **2. Public health activities**

We may disclose medical information about you for public health purposes. For example:

- Reporting certain conditions such as cancer and communicable diseases for purposes of monitoring, preventing, and controlling disease;

- Reporting vital statistics such as birth and death;
- Reporting reactions to medications or problems with health products and notifying people of health product recalls.

### **3. Victims of abuse, neglect, or domestic violence**

We are *required* by law to report any suspected abuse of a child, and are *permitted* to report suspected abuse of an adult. Usually, we will report suspected abuse of an adult only with that person's consent.

### **4. Health oversight activities**

We may disclose health information to agencies that monitor our compliance with state and federal laws.

### **5. Judicial and administrative proceedings**

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court order.

### **6. Law enforcement**

We may disclose health information about you to law enforcement officials in response to a court order or other similar process allowed by law in order to identify or locate a suspect, fugitive, material witness, or missing person; or to report or respond to a crime.

### **7. Coroners and Medical Examiners**

We may disclose health information to a coroner or medical examiner for the purposes of identifying a deceased person or determining a cause of death.

### **8. Organ and tissue donation**

We may disclose health information to organizations that are involved in organ procurement or organ, eye or tissue transplantation.

### **9. Appointment reminders/additional communications**

We may use your health information to call you or send you a letter reminding you of an upcoming appointment. We may also use your information to call or send you the results of tests or to give you other health communications.

### **10. Research**

Under certain circumstances, we may use and disclose your health information for research purposes, which may include contacting you about participation in research projects. A research oversight committee exists to protect the rights of all research participants, including their privacy and confidentiality rights.

**11. Serious threat to health or safety**

We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of others.

**12. Specific government functions**

If you are a member of the Armed Forces, we may disclose your health information, under certain circumstances, to military authorities to assist with a military mission.

**13. Workers' compensation**

We may release your health information to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**14. Communicating additional services provided by the Surgery Center**

Under certain conditions, we may use your health information to inform you of additional or health related services it has to offer.

**C. Uses and disclosures of your health information that you may object to or refuse.**

Listed below are examples of ways we may use or disclose your health information without your authorization unless you refuse or object.

**1. Information disclosed to family members, close friends, or others**

To coordinate your care and explain your condition and treatment plan, we may disclose health information about you to your family or close personal friends. You have the right to object to these kinds of disclosures. In an emergency situation, we will exercise our professional judgment to determine if family or friends should receive information about you.

**2. Notification**

Unless you object, we may use your health information to notify, or assist in notifying, members of your family, close personal friends, or any other people responsible for your care about your condition, location, or death.

**3. Disaster relief**

Unless you object, we may also disclose your health information to an organization authorized to assist in disaster relief efforts so that loved ones can receive information about your location and health status.

**D. Uses and disclosures of your health information requiring your authorization**

If we need to use or disclose your health information for any purpose not listed above, we must first obtain your written authorization. Even if you authorize us to use or disclose your information for a particular purpose, you may revoke your authorization (except to the extent that we have already taken action in reliance upon your authorization).

#### **IV. YOUR RIGHTS AS A PATIENT OF THE SURGERY CENTER**

As a patient of the Surgery Center, you have the following rights with regard to your health information:

##### **A. Right to request how we contact you**

It is our normal practice to communicate with you at your home address and home phone number about health matters, such as appointment reminders and the results of lab tests. Sometimes we may leave messages on your voicemail. You have the right to request that we communicate with you in a different way. For example, you may request that we only communicate with you by mail to a particular address. We will agree to reasonable requests.

To request an alternative method of communication, please contact the Surgery Center's registration area.

##### **B. Right to inspect and copy your medical and billing records**

You have the right to inspect and obtain a copy of your information contained in our billing and medical records. We may deny your request to inspect and copy under limited circumstances. To request access to your billing or health information, contact the Surgery Center's registration area. If you ask for a copy of any information, we may charge a reasonable fee for the costs of copying, mailing and supplies.

##### **C. Right to add information to correct your medical and billing records**

If you feel that information contained in your medical or billing records is incorrect or incomplete, you may ask us to add information to correct the record. We will make a decision on your request within 60 days, or in some cases, within 90 days. Under certain circumstances, we may deny your request to add information. To request an addition to your billing or medical records, you must contact the Surgery Center's registration area. We may require you to submit your request in writing and to provide an explanation concerning the reason for your request.

##### **D. Right to an accounting of disclosures.**

You have the right to request an "accounting of disclosures," which is a list of certain disclosures of your health information by us. This list will *not include*:

- (1) disclosures made to carry out treatment, payment, and health care operations;
- (2) disclosures made to you;

- (3) disclosures made with your authorization;
- (4) disclosures to family or friends involved in your care, to disaster relief organizations, or to notify those involved in your care of your location and your health status; or
- (5) disclosures made six years or more before the date your request is received.

We will make a decision on your request for an accounting within 60 days, or in some cases, 90 days of receipt of your request and will provide you with further information about your rights if they deny your request.

We must provide you an accounting of disclosures free of charge once in any twelve (12) month time period. We may charge you for the costs of providing you with the list more than once in a twelve month time period.

To request an accounting of disclosures, please contact the Surgery Center's registration area.

**E. Right to a paper copy of this notice**

You have the right to obtain a paper copy of our most current Notice of Privacy Practices upon request within a reasonable amount of time, even if you have received a copy of the notice electronically.

**F. Right to request restrictions on uses and disclosures of your health information**

Federal law says you have the right to ask for restrictions on certain uses and disclosures of your health information. Federal law also says that we are not required to agree to such restrictions. Because of the number, complexity, and nature of the services we deliver, we cannot make any formal commitment under federal law to agree to such requests. However, outside of federal law, in rare circumstances, informal arrangements for limited restrictions may be worked out with you.

**V. CONTACT AND COMPLAINT INFORMATION**

**A. Contact Information**

If you have any question or concerns regarding the information in this notice please contact:

UWMF, Department of Patient Resources  
555 Zor Shrine Place  
Madison, WI 53719  
(608) 821-4819

**B. Complaints**

If you believe that anyone at the Surgery Center has violated your privacy rights, you may call the UWMF Department of Patient Resources and discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the Department of Patient Resources. In addition, you may also file a complaint with the Secretary of the Federal Department of Health and Human Services (DHHS Secretary). If you file a complaint, you will in no way be punished, threatened, harassed, retaliated against, or subjected to any other negative consequences.