



NOTICE OF PRIVACY PRACTICE

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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.

South Bend Specialty Surgery Center LLC is required by law to maintain the privacy of your Protected Health Information ("PHI") ("your health information") and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at South Bend Specialty Surgery Center LLC please see the contact information at the end of this document.

I. HOW SOUTH BEND SPECIALTY SURGERY CENTER LLC MAY USE OR DISCLOSE YOUR HEALTH INFORMATION.

South Bend Specialty Surgery Center LLC collects and protects the privacy of your health information. The law permits South Bend Specialty Surgery Center LLC to use or disclose your health information for the following purposes:

1. **TREATMENT:** South Bend Specialty Surgery Center LLC may use your health information to provide you with medical treatment or services. For example, information obtained from you by a receptionist or nurse is necessary to determine what treatment you should receive.
2. **PAYMENT:** South Bend Specialty Surgery Center LLC may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For Example, your health information may be sent to a third party payer such as an insurance company or health plan in order for South Bend Specialty Surgery Center LLC to receive payment for services rendered. If you choose to pay for services in full and out of pocket at the time of your visit, you can request to restrict disclosure of your PHI generated during that visit to your health plan.
3. **HEALTH CARE OPERATIONS:** South Bend Specialty Surgery Center LLC may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to evaluate the performance of our staff; assess the quality of care and outcomes in your case and similar cases; and to determine how to continually improve the quality and effectiveness of health care we provide.
4. **INFORMATION PROVIDED TO YOU AND ON YOUR AUTHORIZATION:** You may give us written authorization to use or disclose your health information.
5. **NOTIFICATION AND COMMUNICATION WITH FAMILY:** We may disclose your health information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care about your location, your general condition, or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
6. **REQUIRED BY LAW:** As required by law, we may use and disclose your health information. For example, South Bend Specialty Surgery Center LLC may disclose health information for the following reasons: judicial and administrative proceedings; to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes; to the Department of Health and Human Services to determine if we are in compliance with federal laws; or to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
7. **PUBLIC HEALTH:** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease; injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; to aid with disaster relief; and reporting disease or infection exposure.
8. **HEALTH OVERSIGHT ACTIVITIES:** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
9. **DECEASED PERSON INFORMATION AND ORGAN DONATION:** We may disclose your health information to coroners, medical examiners, funeral directors, or to organizations involved in procuring, banking, or transplanting organs and tissues.

10. **RESEARCH:** We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board; and you have agreed in writing to participate in the research.
11. **WORKERS' COMPENSATION:** We may disclose your health information as necessary to comply with worker's compensation laws.
12. **MARKETING:** We may contact you to give you information about treatments or health-related benefits and services that may be of interest to you. Uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require a written authorization.
13. **FUNDRAISING:** We may send you fundraising communications. You will have the right to opt out of receiving additional fundraising communications.
14. **GOVERNMENT FUNCTIONS:** Specialized government functions such as protection of public officials or reporting to various branches of the armed services may require use or disclosure of your health information.
15. **APPOINTMENTS:** South Bend Specialty Surgery Center LLC may use your information to provide appointment reminders by phone, email, or postal services.
16. **BUSINESS ASSOCIATES:** We work with other businesses to help South Bend Specialty Surgery Center LLC operate successfully. We may disclose your health information to these business associates so that they can perform the tasks we hired them to do. Our business associates must guarantee us that they will respect the confidentiality of your protected health information.

II. WHEN SOUTH BEND SPECIALTY SURGERY CENTER MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION.

South Bend Specialty Surgery Center LLC will not use or disclose your health information without your written authorization, except as described in this Notice of Privacy Practices.

III. YOUR HEALTH INFORMATION RIGHTS.

1. You have the right to request restrictions on certain uses and disclosures of your health information. South Bend Specialty Surgery Center LLC is not required to agree to the restriction that you requested. If you choose to pay for services in full and out of pocket at the time of your visit, you can request to restrict disclosure of your PHI generated during that visit to your health plan.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. Requests must be made in writing detailing the alternative methods chosen and could be applicable to fees.
3. You have the right to inspect and/or obtain a copy of your health information for a reasonable fee.
4. You have the right to request that South Bend Specialty Surgery Center LLC amend your health information that is incorrect or incomplete. South Bend Specialty Surgery Center LLC is not required to change your health information and will provide you with information about how to appeal a denial to amend your health information.
5. You have a right to receive an accounting of disclosures of your health information made by South Bend Specialty Surgery Center LLC. We do not have to account for the disclosures described in treatment, payment, health care operations, and government functions in section I of this Notice. The first accounting of disclosures within a twelve-month period is free. Any additional accountings in that time frame are subject to a fee.
6. You have the right to revoke your authorization to use or disclose health information except to the extent that action has already been taken.
7. You will receive notification of breaches concerning your protected health information should they occur.
8. You have a right to obtain a paper copy of this Notice at any time upon request.

IV. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES.

South Bend Specialty Surgery Center LLC reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, South Bend Specialty Surgery Center LLC is required by law to comply with this Notice. A paper copy of this Notice is provided at the time of your first visit to us, posted in our waiting area, and available upon request.

V. COMPLAINTS.

If you believe your privacy rights have been violated or if you have complaints about this Notice of Privacy Practices, contact:

South Bend Specialty Surgery Center LLC
335 Florence Ave., Suite 1B
Granger, IN 46530
Phone 574-217-0058

If you are not satisfied with the manner in which South Bend Specialty Surgery Center LLC handles a privacy complaint, you may submit a formal written complaint to the Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.

Effective April 14, 2003

Effective March 1, 2013, Revised