



SUMMARY OF JOINT 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. REVIEW IT CAREFULLY.

This is a brief summary of your privacy rights. A copy of the entire Joint Notice of Privacy Practices which provides a full description of your rights is available at the registration desk.

This notice summarizes the privacy practices of West Central Surgical Center, West Central Surgical Center- Bayside, and Comprehensive Centers for Pain Management. These organizations are allowed to share medical information with each other for treatment, payment, and operational activities. We will use this information in order to provide our patients with complete and comprehensive health care services.

Our Commitment to You

We are committed to protecting your medical information. We are required by law to keep medical information about you private, to give you notice about our privacy practices, and to follow the practices outlined in the notice.

How We May Use and Disclose Your Medical Information

We may use your medical information for treatment, for instance, sending medical information about you to your referring physician, payment retrieval (sending a bill to your insurance company), and for health care operations (evaluating the performances of our staff).

Under certain circumstances, we are allowed to use, or disclose, your medical information without your written permission. We may give out information about you for public health purposes, reports of abuse, neglect, domestic violence, health oversight audits, inspections, research studies, funeral arrangements, organ donations, government programs, Workers' Compensation, and emergency situations. We also disclose patient information when required by law, such as a request from law enforcement or in response to judicial orders.

We also will contact you for appointment reminders, or to tell you about possible treatment options and health services. We may disclose medical information about you to a friend or family member who is involved in your care.

Your Rights Concerning Your Medical Information

You have the right to access or copy your medical information. There may be a fee for this service. You may ask us to amend the medical information you believe is incorrect or incomplete. You may have a list of non-routine disclosures we have made about you. You may request special confidential communications. You may request restrictions on information disclosed about you. You have the right to complain to us and to the federal government if you believe your privacy rights have been violated. You have the right to a paper copy of the entire Joint Notices of Privacy Practices.

We have the right to make changes to the Joint Notice of Privacy Practices. A copy of the current Joint Notice of Privacy Practices is available in the locations where you receive services.

THIS IS A SUMMARY ONLY. THE FULL TEXT OF THE JOINT NOTICE OF PRIVACY PRACTICES ARE AVAILABLE AT THE REGISTRATION DESK.



Notice of Privacy Acknowledgement

Patient

Name: _____

Printed Name

I understand and acknowledge the receipt of the Health Insurance Portability and Accountability Act (HIPAA).

Signature: _____

Date: _____

Patient is unwilling or unable to sign for the following reason:

(Employees Fill Below)

Notice of HIPAA was given to patient. (Please check)

Employee Signature: _____

Date: _____