



St. Charles Surgery Center

**Effective Date: December 1, 2018**

**Notice of Privacy Practices**

**Last Updated: October 23, 2023**

**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.**

We are committed to protecting the privacy and confidentiality of your medical information. In accordance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), this Notice of Privacy Practice (“Notice”) describes how we may use and disclose your health information and your rights with respect to that information.

**Our Commitment to Your Privacy**

We will protect and respect the privacy and confidentiality of your medical information, as it is personal. We record the care and services you receive at our facilities. We need this record to give you complete and comprehensive care. This Notice applies to the records we maintain for your care at our facilities and describes your rights.

We are required by law to:

- make sure that medical information that identifies you is kept private.
- give you this Notice of our legal duties and privacy practices concerning your medical information.
- notify you if there is a breach of your unsecured medical information; and
- follow the terms of the Notice currently in effect.

**Who Will Follow This Notice**

This notice describes the privacy practices of all providers, departments, and units of our organization. Which includes employees, staff, trainees, volunteers, and other workers. All these entities, sites and locations follow the terms of this Notice. In addition, these entities, sites and locations may share your health information with each other for treatment, payment or health care operations described in this Notice.

**How We May Use and Disclose Your Medical Information**

We may use and disclose your medical information as listed below. Not every possible use or disclosure will be listed. However, all the ways we may use and disclose information falls into one of these areas.

***For Treatment.*** We may use and disclose medical information to provide, coordinate, or manage your care-related services. For example, we may disclose medical information to doctors, nurses, technicians, or

other personnel, including people outside of our facilities, who are involved in your medical care and need the information to provide you with medical care.

**For Payment.** We may use and disclose medical information so that we, or others, may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment or to determine the amount of your copayment or coinsurance.

**For Health Care Operations.** We may use or disclose your medical information to carry out our general or certain business activities. For example, we may use your medical information to evaluate the quality of care we provide. We also may share information with other entities that have a relationship with you (for example, your health plan) for their healthcare operation activities. These activities include, but are not limited to, training and education; quality assessment/improvement activities; risk management; claims management; legal consultation; licensing; and other business planning activities.

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose medical information to contact you to remind you that you have an appointment with us. We also may use and disclose medical information to share with your treatment alternatives or health-related benefits and services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** When appropriate, and with your agreement, we may share medical information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort. If you are not able to agree to this type of disclosure, for example, if you are unconscious, we may go ahead and share your information for these purposes if we believe it is in your best interest.

**Research.** Under certain circumstances, we may use and disclose medical information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we use or disclose medical information for research, the project will go through a special approval process.

### **How We May Use and Disclose Your Medical Information Special Situation**

**As Required by Law.** We will disclose medical information when required by international, federal, state, or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosures will be made only to someone who may be able to help prevent the threat of harm, including to law enforcement.

**Business Associates/Third Parties.** We may disclose medical information to our business associates who perform functions on our behalf or provide us with services. For example, we may use another company to

perform billing services. All of our business associates are obligated to protect the privacy of your information. They are not allowed to use or disclose any information other than as specified in our contract.

**Organ and Tissue Donation.** We may use or release medical information to organizations that handle organ procurement or other entities engaged in procuring, banking, or transporting organs, eyes, or tissues to facilitate organ, eye, or tissue donation and transplantation.

**Military and Veterans.** If you are an armed forces member, we may release medical information as military command authorities require. We also may release medical information to the appropriate foreign military authority if you are a foreign military member.

**Workers' Compensation.** We may release medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Activities and Safety Issues.** We may disclose medical information for public health activities. These activities generally include disclosures to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or if certain conditions are met or the patient agrees, notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, proceedings or actions, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with applicable laws.

**Lawsuits and Disputes.** We may disclose medical information about you in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement.** We may share medical information if asked to do so by a law enforcement official:

- when required by law to make certain types of reports, such as certain types of wounds.
- to respond to a court order, subpoena, warrant, summons or similar process.
- to identify or locate a suspect, fugitive, material witness, or missing person, but the information must be limited to basic demographic and health information about the person.
- about the victim of a crime, if under certain limited circumstances, we are unable to obtain the victim's agreement.
- to alert law enforcement of a death in which we believe in good faith may have been caused by a crime; and
- to report based on good faith believes evidence of a crime that occurred on our premises.

**Coroners, Medical Examiners and Funeral Directors.** We may disclose medical information consistent with applicable law to a coroner, medical examiner, or funeral director to the extent necessary to assist them in carrying out their duties.

**National Security and Intelligence Activities.** We may disclose medical information to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

**Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information to the correctional institution or law enforcement official, if necessary for.

- for the institution to provide you with health care.
- to protect your health and safety or the health and safety of others; or
- the safety and security of the correctional institution.

**Fundraising.** We may use or disclose limited information about you to raise funds for our own benefit or for the benefit of an institutionally related foundation. But you will always be given an opportunity to opt out of receiving such communications.

**Uses and Disclosures that Required Authorization.** We will not sell your medical information or use or disclose it for marketing purposes unless we first obtain your prior written authorization.

## **Your Medical Information Rights**

You have the following rights regarding your medical information we maintain about you:

**Right to Inspect and to Receive Copy.** You have a right to inspect and to receive a copy of the medical information used to make decisions about your care, including information kept in an electronic health record, and/or to tell us where to send the information. We will make every effort to provide access to your medical information in the form or format you request, if it is readily producible in such form or format.

We may have up to 30 days to make your information available and charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request in certain limited circumstances. If we deny your request, in some instances, you have the right to have the denial reviewed by a licensed healthcare professional designated by us who was not directly involved in the denial of your request. We will comply with the outcome of the review.

**Right to Notification of a Breach.** You have the right to be notified upon a reportable breach of your unsecured protected health information.

**Right to Amend.** You have the right to ask for an amendment of your protected health information in your record. To ask for a change to your records, you must make your request in writing and submit it to the office. Also, you must give a reason that supports your request.

We may say no to your request for an amendment to your record. We may do this if it is not in writing or does not include a reason to support the request. We also may say no to your request if you ask us to amend information that:

- we did not create, unless the person or entity that created the information is no longer available to make the amendment.
- is not part of the records used to make decisions about you.
- is not part of the information which you are permitted to inspect and to receive a copy; or
- is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of your medical information, including medical information we maintain in an electronic health record. This list may not include all disclosures that we made. For example, this list will not include disclosures we made for treatment, payment or health care operations purposes. To ask for this list you must submit your request in writing to the office.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse.

To request a restriction, you must make your request, in writing, to the office. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your medical information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the office. Your request must specify how or where you wish to be contacted. We will fulfill reasonable requests.

**Right to a Paper Copy of This Notice.** You may ask us to give you a copy of this Notice at any time. Even if you have agreed to get this Notice electronically, you still have a right to a paper copy of this Notice.

### **Revisions to This Notice**

We may update this Notice to show any changes in our privacy practices. We reserve the right to make the updated Notice effective for medical information we already have about you. It also will be effective for any information we receive in the future. The revised Notice will be made available upon request and posted at our locations and on our website. The effective date of this Notice, along with the date of last revision, is on the first page, in the top, right-hand corner.

### **Complaints**

If you would like more information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact the Privacy Officer (or designee) by emailing [privacy@eyecare-partners.com](mailto:privacy@eyecare-partners.com) , by calling the toll-free number 1-833-428-2695 or by writing us. On any email or postal letter, you send, please include "Privacy" in the subject line.

*Mail:*

Ashwini J. Sudame, Privacy Officer  
EyeCare Partners  
15933 Clayton Road, Suite 210  
Ballwin, Missouri 63011

You may also file written complaints with the Office for Civil Rights (OCR) of the U.S Department of Health and Human Services. **You will not be penalized for filing a complaint with us or with the OCR.**

*Mail:*

Centralized Case Management Operations  
U.S. Department of Health and Human Services,  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.,  
Washington, D.C. 20201

*Email:*

[OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)