

QUALITY CARE SURGERY CENTER, LLC

Patient Name:  
Date of Birth:  
Medical Record #:

Patient ID:

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## NOTICE OF HEALTH PRIVACY INFORMATION PRACTICES

### **THIS NOTICE DESCRIBES HOW PRIVATE HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Quality Care Surgery Center, LLC is required to maintain the privacy of your health information and to provide you with a notice of its legal duties and privacy practices. Quality Care Surgery Center, LLC not use or disclose your private health information except as described in this notice. "Private Health Information" is information about you which was created or received by Quality Care Surgery Center, LLC and relates to your past, present or future physical or mental health or condition, or the provision of, or payment for, your health care and which could be used to identify you.

**EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS:** The following categories describe ways, may use and disclose your private health information without your written authorization.

**Treatment:** Quality Care Surgery Center, LLC will use your health information in the provision and coordination of your healthcare. We may disclose all or any portion of your private health information to your attending physician, anesthesiologist, consulting physician(s), nurses, technicians, and other health care providers, including any hospital or emergency room personnel to whom you need to be transferred in the event of an emergency who have a legitimate need for such information in the care and continued treatment of the patient. Quality Care Surgery Center, LLC also may disclose your health information to people outside Quality Care Surgery Center, LLC who may be involved in your private health care after you leave Quality Care Surgery Center, LLC such as; family members, clergy and others used to provide services that are part of your care.

**Treatment Alternatives:** Quality Care Surgery Center, LLC may use and disclose your private health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Family/Friends:** Quality Care Surgery Center, LLC may release private health record information about you to a friend or family member who is involved in your private health care. We may also give information to someone who helps pay for your care. In addition, we may disclose private health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Payment:** Quality Care Surgery Center, LLC may release private health information about you for the purposes of determining coverage, billing, claims management, private health data processing, and reimbursement. Information may be released to an insurance company, third party payer or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or excerpts of your private health record which are necessary for payment of your account. For example, a bill sent to a third party payer may include information that identifies you, your diagnosis, and the procedures and supplies used.

**Routine Healthcare Operations:** Quality Care Surgery Center, LLC may use and disclose your private health information during routine healthcare operations, including quality assurance, utilization review, private health review, internal auditing, accreditation, certification, licensing or credentialing activities for facility's private health research and educational purposes.

**Appointment Reminders:** Quality Care Surgery Center, LLC may use and disclose private health information to contact you as a reminder you have an appointment for treatment or private health care at Quality Care Surgery Center, LLC.

**Health Related Business and Services:** Quality Care Surgery Center, LLC may use and disclose your private health information to tell you of health-related benefits or services that may be of interest to you.

**Business Associates:** Quality Care Surgery Center, LLC may use and disclose certain private health information about you to business associates. A business associate is an individual or entity under contract with the Quality Care Surgery Center, LLC to perform or assist Quality Care Surgery Center, LLC in a function or activity which necessitates the use or disclosure of private health information. Examples of business associates, include, but are not limited to, a copy service used by Quality Care Surgery Center, LLC to copy private health records, consultants, accountants, lawyers, practice management organizations, private health transcriptions and third-party billing companies. Quality Care Surgery Center, LLC requires business associate to protect the confidentiality of your private health information.

**Regulatory Agencies:** Quality Care Surgery Center, LLC may disclose your private health information to a health oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary for the government and certain private health oversight agencies, (e.g. Joint Commission on Accreditation of Healthcare Organizations ("JCAHO") and (AAAH) to monitor healthcare system, government programs, and compliance with civil rights.

**Law Enforcement/Litigation:** Quality Care Surgery Center, LLC may disclose your private health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

**Public Health:** As required by law, Quality Care Surgery Center, LLC may disclose your private health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, Quality Care Surgery Center, LLC may be required to report the existence of a communicable disease, such as acquired immune deficiency syndrome ("AIDS"), to the Department of Health to protect the health and well-being of the general public.

**Workers Compensation:** Quality Care Surgery Center, LLC may release private health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Military/Veterans:** Quality Care Surgery Center, LLC may disclose your private health information as required by military command authorities, if you are a member of the armed forces.

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**Required by Law:** Quality Care Surgery Center, LLC will disclose private health information about you when required to do so by law. For example, Quality Care Surgery Center, LLC may disclose certain private health information to those persons who have a risk exposure related to a communicable disease if required by law.

**Coroners, Medical Examiners, Funeral Directors:** Quality Care Surgery Center, LLC may release your private health information to a coroner or private health examiner. This may be necessary, for example, to identify a deceased person or to determine a cause of death. Quality Care Surgery Center, LLC may also release your private health information to funeral directors as necessary to carry out their duties.

**Other Uses:** Any other uses and disclosures will be made only with your written authorization.

**PATIENT HEALTH INFORMATION RIGHTS:** Although all records concerning your treatment obtained at Quality Care Surgery Center, LLC are property of Quality Care Surgery Center, LLC you have the following rights concerning your private health information. ("CFR" below stands for the Code of Federal Regulations). To exercise any of these rights, please contact the Privacy/Security Officer identified below, in writing.

**Right to Confidential Communications:** You have the right to receive confidential communications of your private health information by alternative means or at alternative locations. For example, you may request Quality Care Surgery Center, LLC only contact you at work, mail, or e-mail.

**Right to Inspect and Copy:** You have the right to inspect and copy your private health information as provided by 45 CFR § 164.524.

**Right to Amend:** You have the right to amend your private health information as provided by 45 CFR § 164.528.

**Right to an Accounting:** You have the right to obtain a statement of the disclosures of your private health information as provided by 45 CFR § 164.528.

**Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your private health information 45 CFR § 164.522. Quality Care Surgery Center, LLC may not agree to honor your request.

**Right to Receive Copy of this Notice:** You have the right to receive a paper copy of this Notice, upon request.

**Right to Revoke Authorization:** You have the right to revoke your authorization to use or disclose your private health information except to the extent that action has already been taken in reliance on your authorization.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM:** If you have questions and would like additional information, you may contact Quality Care Surgery Center, LLC. If you believe your privacy rights have been violated, you may file a complaint with Quality Care Surgery Center, LLC or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Quality Care Surgery Center, LLC, please contact: Jami Angulo, Privacy/Security Officer at (818)637-7766. All complaints must be submitted to the Privacy Officer in writing at the following address: 5700 San Fernando Road Glendale, Ca 91202. We will ensure there will be no retaliation for filing a complaint.

**CHANGES TO THIS NOTICE:** Quality Care Surgery Center, LLC will abide by the terms of the notice currently in effect. Quality Care Surgery Center, LLC reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains. Quality Care Surgery Center, LLC will distribute and post any revised Notice (prior to implementation of same).

**NOTICE EFFECTIVE DATE:** Effective date of the notice is July 3, 2013.

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**NOTICE OF PATIENT PRIVACY DISCLOSURE****FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY:**

- Your confidential healthcare information may be released to other healthcare professionals within the organization for the purpose of providing you with quality healthcare.
- Your confidential healthcare information may be released to your insurance provider for the purpose of the organization receiving payment for providing you with needed healthcare services.
- Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care.
- Your confidential healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
- Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice.
- Your confidential healthcare information may be released only after receiving written authorization from you.
- You may revoke your permission to release confidential healthcare information at any time.
- You may be contacted by the organization to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you.
- You may be contacted by the organization for the purposes of raising funds to support the organization's operations.
- You have the right to restrict the use of your confidential healthcare information. However, the organization may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
- You have the right to receive confidential communication about your health status.
- You have the right to review and photocopy any/all portions of your healthcare information.
- You have the right to make changes to your healthcare information.
- You have the right to know who has accessed your confidential healthcare information and for what purpose.
- You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- Facility is required by law to protect privacy of its patients.
- Facility shall keep confidential any and all patient healthcare information and will provide patients with a list of duties or practices that protect confidential healthcare information.
- Facility shall abide by terms of this notice.
- Reserves the right to make changes to this notice and continue to maintain confidentiality of all healthcare information.
- Patients shall receive a mailed copy of any changes to this notice within 60 days of making the change.
- All complaints shall be investigated.

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- No personal issue shall be raised for filing a complaint with this facility

If you feel your privacy rights have been violated by anyone at this facility, please contact person listed below:

**FACILITY:**

Jami Angulo, RN, BSN, MBA-HCM  
Executive Director  
5700 San Fernando Road  
Glendale, Ca 91202  
(818) 637-7766

If you feel the need to report this matter to another agency, please see following contact information below:

**ACCREDITING BODY:**

Accreditation Association for Ambulatory Health Care  
5250 Old Orchard Road, Suite 200  
Skokie, IL 60077  
Tel: 847.853.6060  
Fax: 847.853.9028  
Email: [info@aaahc.org](mailto:info@aaahc.org)

**MEDICARE:** Office of the Ombudsman [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)  
Medicare recipients can call 1-800-MEDICARE

**STATE:**

State Agency Dept. of Public Health  
PO Box 997377 MS 300  
Sacramento CA 95899  
Compliance Hotline (800) 236-9747

**Your Patient Rights**

- Considerate, respectful and dignified care and respect for personal values, beliefs and preferences.
- Access to treatment without regard to race, ethnicity, national origin, color, creed/religion, sex, age, mental disability, or physical disability. Any treatment determinations based on a person's physical status or diagnosis will be made on the basis of medical evidence and treatment capability.
- Respect of personal privacy.
- Receive care in a safe and secure environment.
- Exercise your rights without being subjected to discrimination or reprisal.
- Know the identity of persons providing care, treatment or services and, upon request, be informed of the credentials of healthcare providers and, if applicable, the lack of malpractice coverage.
- Expect the center to disclose, when applicable, physician financial interests or ownership in the center.
- Receive assistance when requesting a change in primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- Receive information about health status, diagnosis, the expected prognosis and expected outcomes of care, in terms that can be understood, before a treatment or a procedure is performed.
- Receive information about unanticipated outcomes of care.
- Receive information from the physician about any proposed treatment or procedure as needed in order to give or withhold informed consent.
- Participate in decisions about the care, treatment or services planned and to refuse care, treatment or services, in accordance with law and regulation.
- Be informed, or when appropriate, your representative be informed (as allowed under state law) of your rights in advance of furnishing or discontinuing patient care whenever possible.
- Receive information in a manner tailored to your level of understanding, including provision of interpretative assistance or assistive devices.
- Have family be involved in care, treatment, or services decisions to the extent permitted by you or your surrogate decision maker, in accordance with laws and regulations.
- Appropriate assessment and management of pain, information about pain, pain relief measures and participation in pain management decisions.
- Give or withhold informed consent to produce or use recordings, film, or other images for purposes other than care, and to request cessation of production of the recordings, films or other images at any time.
- Be informed of and permit or refuse any human experimentation or other research/educational projects affecting care or treatment.
- Confidentiality of all information pertaining to care and stay in the center, including medical records and, except as required by law, the right to approve or refuse the release of your medical records.
- Access to and/or copies of your medical records within a reasonable time frame and the ability to request amendments to your medical records.
- Obtain information on disclosures of health information within a reasonable time frame.
- Have an advance directive, such as a living will or durable power of attorney for healthcare, and be informed as to the center's policy regarding advance directives/living will. Expect the center to provide the state's official advance directive form if requested and where applicable.
- Obtain information concerning fees for services rendered and the center's payment policies.
- Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff. Expect the center to establish a process for prompt resolution of patients' grievances and to inform each patient whom to contact to file a grievance. Grievances/complaints and suggestions regarding treatment or care that is (or fails to be) furnished may be expressed at any time. Grievances may be lodged with the state agency directly using the contact information provided below.

**YOUR RESPONSIBILITIES**

- Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Respecting the property of others and the center.
- Identifying any patient safety concerns.
- Observing prescribed rules of the center during your stay and treatment.
- Providing a responsible adult to transport you home from the center and remain with you for 24 hours if required by your provider.

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- Reporting whether you clearly understand the planned course of treatment and what is expected of you and asking questions when you do not understand your care, treatment, or service or what you are expected to do.
- Keeping appointments and, when unable to do so for any reason, notifying the center and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in your condition or any other patient health matters.
- Promptly fulfilling your financial obligations to the center, including charges not covered by insurance.
- Payment to center for copies of the medical records you may request.
- Informing your providers about any living will, medical power of attorney, or other advance directive that could affect your care.

**You may contact the following entities to express any concerns, complaints or grievances you may have:**

<b>CENTER</b>	Jami Angulo, RN, BSN, MBA Administrator (818) 637-7766
<b>STATE AGENCY</b>	ATTN: KATHLEEN J. BILLINGSLEY, RN DEPUTY DIRECTOR CALIFORNIA DEPARTMENT OF PUBLIC HEALTH CENTER FOR HEALTH CARE QUALITY (CHCQ) LICENSING AND CERTIFICATION DIVISION P.O. BOX 997377 MS 3000 SACRAMENTO, CA 95899 COMPLAINTS (800) 236-9747 GENERAL INFORMATION (916) 558-1784
<b>MEDICARE</b>	OFFICE OF THE MEDICARE BENEFICIARY OMBUDSMAN: <a href="http://www.cms.hhs.gov/center/ombudsman.asp">www.cms.hhs.gov/center/ombudsman.asp</a>

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**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF HEALTH PRIVACY PRACTICES**

**\*\*You May Refuse to Sign This Acknowledgement\*\***

I have received a copy of this office's

- Notice of Health Privacy Information Practices
- Notice of Patient Privacy Disclosure
- Patient Rights and Responsibilities

\_\_\_\_\_  
(Please Print Patient Name)

\_\_\_\_\_  
(Patient /Guardian's Signature)

\_\_\_\_\_  
(Date)

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**For Office Use Only**

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date