



**VAIL VALLEY SURGERY CENTER EDWARDS
(VVSC)
HIPAA NOTICE OF PRIVACY PRACTICES**

Purpose: THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

TO PROTECT YOUR RIGHTS, PLEASE REVIEW IT CAREFULLY.

Effective Date: January 29, 2014
Version Last Revised: April 1, 2013

If you have any questions about this notice, please contact the VVSC Privacy Official by dialing the main hospital number at (970) 476-2451.

Each time you visit VVSC, a physician, or another healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. In this HIPAA Notice of Privacy Practices (this "Notice"), the terms "we" and "our" refer to VVSC and VVMC's employees and volunteers at those facilities, as well as our affiliated covered entities which include Vail Health Services, Vail Clinic, Inc., d/b/a Vail Valley Medical Center and VVMC Diversified Services d/b/a VVMC Physician Services.

These entities may share information with each other for the purposes described in this Notice. Our employees and agents and the other health care professionals providing services to you in our facilities or offices are subject to this Notice, unless they provide you with a notice of their own specific privacy practices. This Notice applies to all of the records of your care generated by our facilities whether made by our personnel, agents of the facilities, or your personal provider. Other healthcare providers from whom you obtain care and treatment may have different policies or notices regarding the use and disclosure of your health information created or received by that provider. Also, health plans in which you participate may have different policies or notices concerning health information they receive about you.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your health information, and provide you a description of our privacy practices. We will abide by the terms contained in this Notice, as amended from time to time.

USES AND DISCLOSURES

How We May Use and Disclose Health Information About You?

The categories stated below describe examples of the way we may use and disclose your medical information.

For Treatment: We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at our facilities. For example, a doctor treating you for an orthopedic condition may need to know if you have a heart condition, because a heart condition can be a risk factor for orthopedic surgery. Different departments of our facilities also may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals and x-rays.

We also may disclose health information about you to people outside our facilities who may be involved in your medical care after you leave the surgery center, such as family members, friends, or others we use provide services that are part of your care. We will give you an opportunity, however, to restrict such communications.

We may disclose health information about you to other health care providers who request such information for purposes of providing medical treatment to you.

For Payment: We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your office visit or procedure so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

We also may provide information about you to other health care providers to assist them in obtaining payment for treatment and service provided to you by that provider. We may also provide information to a health plan for purposes of arranging payment for treatment and services provided to you.

For Health Care Operations: We may use and disclose health information about you for our internal operations. These uses and disclosures are necessary to run our facilities and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may combine health information about many patients to decide which additional services we should offer, which services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, students and other personnel for review and learning purposes. And we may also combine the health information we have with health information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information to protect your privacy.

We may also use and disclose health information:

- to business associates and their subcontractors we have contracted with to perform the agreed upon service and billing for it;
- to remind you that you have an appointment for medical care;
- to assess your satisfaction with our services;
- to tell you about possible treatment alternatives;
- to tell you about health-related benefits or services;
- for population based activities relating to improving health or reducing health care

costs; and

- for conducting training programs or reviewing competence of health care professionals.

When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voicemail and/or e-mail address provided to us by you.

Business Associates: There are some services provided in our organization through contracts with business associates. For example, we may contract with a copy service to make copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate as well as any subcontractor used by the business associate to appropriately safeguard your information.

Directory of Individuals in Our Facilities: To include your name, location within our facility, general health condition, and religious affiliation in a patient directory, unless you object in writing. Information in the directory, except for religious affiliation, may be disclosed to anyone who asks for you by name. Directory information, including religious affiliation, may be disclosed to members of the clergy, even if they do not ask for you by name. If you do not wish to be listed in the directory, notify the admitting clerk.

Individuals Involved in Your Care or Payment for Your Care: We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose 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.

Research: We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research and granted a waiver of the authorization requirement.

Future Communications: We may communicate to you via newsletters, mail outs or other means regarding treatment options, health-related information, disease-management programs, wellness programs, or other community-based initiatives or activities our facility is participating in.

As Required/Permitted by Law: We may also use and disclose health information as required or permitted by law, including without limitation, to the following types of entities:

- Food and Drug Administration;
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability;
- Correctional Institutions;
- Workers Compensation Agents;

- Organ and Tissue Donation Organizations;
- Military Command Authorities;
- Health Oversight Agencies;
- Coroners and Medical Directors;
- National Security and Intelligence Agencies;
- Protective Services for the President and Others;

Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Incidental Disclosure: Certain disclosures may occur incidentally. For example, conversations regarding your medical care may be overheard by other persons or patients in an office or facility or someone may view your name on the sign-in sheet in the waiting area. We will use best efforts to limit these disclosures, but the efficient delivery of medical care in our offices or facilities will not permit incidental disclosures to be totally eliminated.

State-Specific Requirements: Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may require additional legal requirements to your health information. If the applicable state privacy laws are more stringent than Federal privacy laws, the more stringent requirements of the such state laws will apply.

YOUR AUTHORIZATION REQUIRED

As required by the applicable law, your prior authorization is required for most uses and disclosures by us of the following types and categories of your health information:

- Psychotherapy notes, except to carry out treatment, payment or health care operations (as described above in this Notice;
- health information for marketing purposes; and/or
- for sale of health information.

Additionally, your prior authorization will be required for any use or disclosure by us of your health information that is not permitted to be made without your authorization under this Notice.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the right to:

Inspect and Copy: You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you will receive a written response and may request that the denial be reviewed. Another member of administration chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

You may request a copy of your personal health information in electronic formation or direct us to transmit it to another entity or individual.

Amend: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend or supplement such information. You have the right to request an amendment for as long as the information is kept by or for us. We may deny your request for an amendment but if this occurs, you will be notified of the reason for the denial.

An Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required.

Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you, including for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a colonoscopy you had to anyone otherwise involved in your treatment. Your request must be in writing and we are not required to agree to your request (except as otherwise stated in this Notice or required by law).

Request to Restrict Disclosures to Health Plans: You have the right to request us to restrict disclosure of your health information to your insurer or health plan if (a) such disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (b) you (or anyone on your behalf other than such insurer health plan) have paid us in full without such insurer or health plan.

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 may ask that we contact you at work, instead of your home. We will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

Right to Notification: We will notify you of certain unpermitted Uses and Disclosures that have occurred. This will be done by mail or other means, if necessary.

A Paper Copy of This Notice: You have the right to a paper copy of this Notice. Accordingly, you may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

To exercise any of your rights set forth in this Notice, please call or email the Privacy Official set forth in this Notice to make appropriate arrangements or to obtain the required forms for your request.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and the revised or changed Notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the our facilities and include the revised and effective dates. In addition, each time you register at or are admitted to a VVSC facility for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the Notice then in effect. You may obtain a copy of any revised Notice by: contacting the VVSC Privacy Official by dialing the main facility number (970) 476-2451; picking one up in an admitting area within VVSC; or from our website, www.vailvalleysurgerycenter.com.

COMPLAINTS; VIOLATIONS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Federal Department of Health and Human Services (HHS). To file a complaint with us, put your complaint in writing and address it to the VVSC Privacy Official; for initiating a complaint with the Secretary, please visit HHS's website at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>. We will not retaliate against you for filing any complaint. You may also contact our Privacy Official if you have questions or comments about our privacy practices.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

VVSC PRIVACY OFFICIAL

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