

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. PLEASE REVIEW IT CAREFULLY.

INTRODUCTION

Your privacy is very important to us, and we are committed to protecting health information that identifies you ("health information"). This Notice will tell you about the ways we may use and disclose health information. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to maintain the privacy of health information that identifies you, give you this Notice of our legal duties and privacy practices with respect to your health information and follow the terms of our Notice that is currently in effect.

OUR COMMITMENT TO YOUR PRIVACY

We are committed to protecting the privacy of the protected health information ("PHI" or "health information") gathered about you while providing medical treatment and services. This includes any information that may identify you in connection with your health care. Examples of PHI include:

1. Information about your health status (such as your medical conditions and test results);
2. Information about health care services you have received or will receive in the future (such as surgeries);
3. Information about your health care benefits (such as what services are covered under your insurance plan);
4. Geographic and demographic information (such as your address, race, gender ethnicity, religion or marital status);
5. Unique numbers and other identifiers (such as your social security number, your phone number or your driver's license number); and
6. Photographs.

This Notice tells you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information. We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to your health information. We are required to abide by the terms of this Notice as long as it remains in effect.

The privacy practices described in this Notice will be followed by all health care professionals, employees, trainees, students and interns of Crystal Run Ambulatory Surgery Center of Middletown, LLC.

Changes to this Notice

The terms of this notice apply to all records containing your PHI that are created or retained by us. We reserve the right to revise, change or amend our Notice of Privacy Practices. Any changes or amendments to this notice will be effective for all of the information that we already have about you, as well as any PHI that we may receive, create, or keep in the future. We are required to abide by the terms of the notice that is currently in effect. We will make our current notice available at all reception desk. You may request a copy of the current notice any time you visit the ASC or you may obtain a copy by accessing our website at www.crystalrunasc.com.

ROUTINE USES AND DISCLOSURES

The following categories describe the typical ways in which we typically may use and disclose your PHI.

Treatment: We may use and disclose your PHI to treat you or to assist others in your treatment. We may disclose your PHI to provide, coordinate or manage your health care and related services. For example, we may use or disclose your medical information when you need a prescription, lab work, x-rays or health care services. In addition, we may use and disclose medical information when we refer you to another health care provider or may consult with other health care providers about your treatment.

Payment: We may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. We also may use and disclose your PHI to obtain payment from other third parties who may be responsible for such costs. Also, we may use your PHI to bill you directly for services and items under applicable law.

Health Care Operations: We may use and disclose health information about you that is necessary for the operations of Crystal Run Ambulatory Surgery Center. These uses and disclosures are made to assist us with providing quality care to our patients, for clinical staff activities, for education and training purposes, and for our general business activities. For example, we may use your health information to evaluate the quality of services provided to you and to evaluate the performance of our clinical staff providing care to you.

Contacting You: We may use and disclose your health information to reach out to you about appointments and other matters. We may contact you by mail, telephone or email. For example, we may leave a voice message at the telephone number you provide us with regarding the date, location and time of your arrival for your schedule procedure.

Incidental Disclosures: While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during, or as an unavoidable result of, our otherwise permissible uses and disclosures of your PHI. For example, during your visit, other patients or staff may see, or overhear discussion of, your medical information. While such disclosures are unavoidable we will take reasonable precautions to limit the extent of the disclosure.

Business Associates: We may disclose your PHI to third-party contractors, agents and other “business associates” who need the information in order to perform certain business functions or provide certain business services on our behalf. For example, we may share your medical information with an accounting or law firm or with a transcription company. We will have a written contract with any business associates to ensure that they also protect the privacy of your PHI as required by law.

Release of PHI to Family/Friends: We may release PHI to people such as family members or close friends who are assisting in your care or helping you with your medical bills. We may also disclose your PHI to someone you designate as a patient representative. If a person has the authority under the law to make health care decisions for you, we will treat that individual the same way we would treat you with respect to your PHI. Although parents and legal guardians are considered legal representatives for minors, the law allows minors to make their own health care decisions in certain circumstances. See Your Rights Regarding Your PHI, below, for important information about your right to limit this disclosure.

Treatment Alternatives/Health-Related: We may use and disclose your PHI to inform you of treatment alternatives and/or health-related benefits and services that may be of interest to you.

OTHER USES AND DISCLOSURES

Less typically, we may use or disclose your PHI in special situations and to the extent permitted by federal and/or state laws, such as the following:

Required by Law: We will use or disclose your PHI when required by law to do so. This includes to the Secretary of the U.S. Department of Health and

Human Services for HIPAA rules compliance and enforcement purposes.

Public Health Activities: We may disclose your PHI for public health activities and purposes. These activities may include controlling or preventing disease, injury, or disability; reporting reactions to medications, products or medical devices; or communicable disease reporting.

To Your Employer: We may share your health information with your employer if we provide care to you at your employer’s request concerning a work-related illness or injury or a work-related medical surveillance. Information disclosed will be limited to findings regarding the work-related illness or injury or medical surveillance.

Product Monitoring, Repair and Recall: We may disclose your health information to an agency or individual that is required by law to report problems or reactions to medical products. This information will be used to track, recall, repair, or replace a defective or dangerous product or device or to monitor the performance of an approved product or device.

Abuse, Neglect and Domestic Violence: We may release your PHI to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your PHI to government officials if we reasonably suspect that you have been a victim of such abuse, neglect or domestic violence. We will make every effort to obtain your permission before reporting the information, but in some cases, such as suspected child abuse or neglect, we may be required or authorized to act without your permission.

Health Oversight Activities: We may disclose your health information to local, state, or federal governmental authorities responsible for the oversight of medical activities as authorized by law. This includes licensing, auditing and accrediting agencies and agencies that administer public health programs such as Medicaid and Medicare.

Lawsuits and Similar Proceedings: We may disclose your health information if we are ordered to do so by a court that is handling a lawsuit or other dispute or if we are required to do so in response to other legal orders.

Law Enforcement: We may release your health information to a law enforcement official for law enforcement purposes, such as (1) in response to a valid court order, subpoena, or search warrant; (2) to identify or locate a suspect, fugitive, witness, or missing person; and (3) to report a crime that occurred on our premises.

Coroners, Medical Examiners, and Funeral

Directors: We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a person who has died or to determine the cause of death. We may also release your PHI to funeral directors to help them do their job.

Organ and Tissue Donation: If you are an organ donor, we may use or disclose your PHI to organizations that handle obtaining organs and tissue for banking or transplantation.

Serious Threats to Health or Safety: We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Specialized Government Functions: We may disclose your PHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities. In addition, we may disclose your PHI to federal and/or state and/or local officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state or to conduct investigations.

Inmates and Correctional Institutions: We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary to provide you with health care; for safety and security of the institution; and/or to protect your health and safety or the health and safety of other individuals.

Workers' Compensation or Disability Claims: We may release your health information for your workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Fundraising/Marketing: We do not use or disclose PHI for fundraising or marketing purposes.

Research: In most cases, we will ask for your written permission before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may disclose your health information without your written permission. To do this, we are required to obtain approval through a special process to ensure that research without your permission poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or

identity publicly. We may also release your health information without your written permission to people who are preparing a future research project, as long as any information identifying you does not leave our buildings. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our buildings any information that identifies you.

Uses and Disclosures Requiring Your

Authorization: Other uses and disclosures of your health information not described above in this Notice or permitted by law will be made only with your written authorization. You may revoke your authorization at any time, in writing, but we cannot take back any uses or disclosures of your health information already made with your authorization.

Special permission is required before we can disclose psychotherapy notes, HIV information and/or alcohol or drug use information to anyone, except to individuals who need to know such information in connection to your medical care and in certain circumstances, to public health or other government officials (as required by law), to persons specified in a court order or to insurers for payment for your care or treatment.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

Right to Request Restrictions: You have the right to request that we not use or disclose of your PHI for treatment, payment or health care operations in certain situations. You also have the right to request that we limit what we may share about you to individuals, such as family members or friends, involved in your care or the payment for your care. We are not required to agree to your request. If we do agree, we will honor our agreement unless the information is needed to provide you emergency treatment or we are required or permitted by law to disclose it.

If you, or another family member or person on your behalf, have paid in full for a health care item or service and specifically request that we not disclose the information related to that item or service to your health insurance for payment or health care operations purposes, we will agree to this request. If multiple medical services are provided to you at one time, you will have to pay for all of the services in order to restrict the disclosure of any of them to your health insurance company. If you require follow-up care related to the undisclosed service and you decide you do not want to pay for that service, we

may inform your health insurance company about the previously undisclosed service.

You must make a request for a restriction in writing. You may ask our staff for our request for restrictions form or download one from our website. For restrictions on disclosures to your health plan you should speak to a supervisor for guidance.

Right to Request Confidential Communications: You have the right to request that we communicate with you about your health in a certain way or at a certain location. For instance, you may ask that we contact you by mail, rather than by telephone, or at home rather than work. You do not need to give a reason for your request. Your request for confidential communications must be in writing. You may ask our staff for our request for confidential communications form or download one from our website. We will accommodate all reasonable requests.

Right to Inspect and Obtain Copies: You have the right to inspect and obtain a copy of your health information including your medical and billing records, but not including psychotherapy notes. You must submit your request in writing to the Director of Health Information Management, at 155 Crystal Run Road, Middletown, NY 10941, in order to inspect or obtain a copy of your PHI. You may ask us to send a copy of your health information directly to another person or entity. We will give you a copy of your health information in the format you request (electronic or paper) if it can be quickly provided in that format. If it cannot, then we will work with you to find another format acceptable to you.

In accordance with state and federal law we may charge a fee for copies. In accordance with law and our best judgment, we may deny your request to inspect or copy your PHI in certain limited circumstances; however, you may request a review of our denial.

Right to Request an Amendment: If you feel that health information about you is incorrect or incomplete, you have the right to ask us to amend the information. You may request an amendment for as long as we maintain the information. To request an amendment, you must submit your written request, along with an explanation as to why the amendment is needed, to the Director of Health Information Management, at 155 Crystal Run Road, Middletown, NY 10941. If we accept your request, we will tell you and amend your records. We cannot change what is in the record, but we will create an addendum reflecting the correction. If we deny your request, we will provide you with a written explanation why and explain your rights.

Right to an Accounting of Disclosures: An accounting of disclosures is a list of certain disclosures we have made of your health information. This list will not include (1) uses and disclosures made for treatment, payment and health care operations; (2) information given to your family or friends with your permission or in your presence without objection; (3) disclosures made directly to you; (4) disclosures made in response to your written authorization; and (5) information released for national security purposes or given to correctional institutions. You have the right to request a copy of our accounting of disclosures for your PHI. Your request must be made, in writing, to the Director of Health Information Management using the address at the top of this Notice. The list we give you will include disclosures made in the last six years unless you request a shorter time. The first list you request within a 12-month period is free. For additional lists, we may charge you for the cost of producing the list.

Right to a Paper Copy of This Notice: You have a right to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, ask any member of our staff or contact the Director of Health Information Management. The Notice of Privacy Practices can also be downloaded from our website, www.crystalrunasc.com.

Right to Receive Notice of a Breach: You have a right to be notified in the event of a breach of the privacy of your unsecured PHI by Crystal Run or its business associates. You will be notified as soon as possible, but no later than 60 days following the discovery of the breach. The notice will provide you with the date we discovered the breach, a brief description of the type of information that was involved and the steps we are taking to investigate and mitigate the situation, as well as contact information for you to ask questions and obtain additional information.

Right to File a Complaint: If you believe your privacy rights have been violated, or you disagree with a decision we made about your health information, you may file a complaint with our Privacy Officer using the contact information listed below. You may also send a written complaint with the Department of Health and Human Services Office for Civil Rights. We will not punish you or retaliate against you for filing a complaint about our privacy practices.

Corporate Compliance & Privacy Officer
Crystal Run Ambulatory Surgery Center
155 Crystal Run Road, Middletown, NY 10941
Phone: 845-703-3591
Email: compliance@crystalrunhealthcare.com