

# 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.

## WHY WE ARE PROVIDING THIS NOTICE:

Physicians Care Surgery Center compiles information relating to you and the treatment and services you receive. This information is called protected health information (PHI) and is maintained in a specific set of records for you and your care/treatment. We may use and disclose this information in various ways. Sometimes your agreement or authorization is necessary for us to use or disclose your information, and sometimes it is not.

This Notice describes how we use and disclose your protected health information and your rights. We are required by law to give you this Notice, and we are required to follow it. We may change this Notice at any time if the law changes or when our policies change. If we change the Notice you will be given a revised Notice. You may also access this Notice at our website: [www.phycareurgerycenter.com](http://www.phycareurgerycenter.com) **USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT MAY BE MADE WITHOUT YOUR**

## AUTHORIZATION:

- 1. For your treatment.** We may share your protected health information with other treatment providers. For example, if you have a heart condition we may use your information to contact a specialist and may send your information to that specialist. We may send your information to other treatment providers, as necessary.
- 2. For payment.** We may share your protected health information with anyone who may pay for your treatment. For example, we may need to obtain a pre-authorization for treatment or send your health information to an insurance company so it may pay for treatment. However, if you pay out of pocket for your treatment and make a specific request that we not send information to your insurance company for that treatment, we will not send that information to your insurer except under certain circumstances. We may also contact you regarding payment of your bill.
- 3. For our healthcare operations.** We may use and disclose your protected health information when it is necessary for us to function as a business or provide services. When we contract with other businesses to do specific tasks or services for us, we may share your protected health information related to those tasks or services, (for example, assisting with billing or insurance claims). When we do this, the business agrees in the contract to protect your health information and use and disclose such health information only to the extent necessary to complete the assigned tasks or as we would use it in the surgery center. These businesses are called "Business Associates" and our contract for their services is called a "Business Associate Agreement." Another example is our internal review of your protected health information as part of our quality process, patient safety review and staff performance.
- 4. For appointment reminders.** We may use your protected health information to remind you of appointments, including leaving a voicemail message.
- 5. For surveys.** We may use and disclose your protected health information to contact you to assess your satisfaction with our services.
- 6. For providing your information on treatment alternatives or other services.** We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We may also use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you. In some cases, Physicians Care Surgery Center may receive payment for these activities. We will give you the opportunity to let us know if you no longer wish to receive this type of information.
- 7. To discuss your treatment with other people who are involved with your care (and for our surgery center directory if appropriate).** We may disclose your health information to a friend or family member who is involved in your care. We may also disclose your health information to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. [Unless you inform us that you do not want any information released, we may tell individuals who ask, your location in the surgery center and provide a general statement of your condition.]
- 8. Research.** Under certain circumstances, we may use and disclose your protected health information for medical research. All research projects, however, are subject to a special approval process. Before we use or disclose your health information for research, the project will have been approved.
- 9. As required by law.** We will disclose your protected health information when the law requires us to do so.
- 10. To avert a serious threat to health or safety.** We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of another person.
- 11. Organ and tissue donation.** We may use or disclose your protected health information to an organ donation bank or to other organizations that handle organ procurement to assist with organ or tissue donation and transplantation.
- 12. Military and veterans.** The protected health information of members of the United States Armed Forces members of a foreign military authority may be disclosed as required by military command authorities.
- 13. Employers.** We may disclose your protected health information to your employer if we provide you with health care services at your employer's request and the services are related to an evaluation for medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. We will tell you when we make this type of disclosure.
- 14. Workers' compensation.** We may release your protected health information for workers' compensation or similar programs providing you benefits for work-related injuries or illness.
- 15. Public health risks.** We may disclose your protected health information for public health activities which include the prevention or control of disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of devices or products; to 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 to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. If you agree, we can provide immunization information to schools.
- 16. Health oversight activities.** We may disclose your protected health information to a health oversight agency for activities authorized by law. These activities are necessary for the government to monitor the health care system, government programs, and civil rights laws.
- 17. Legal proceedings.** We may disclose your protected health information when we receive a court or administrative order. We may also disclose your protected health information if we get a subpoena, or another type of discovery request. If there is no court order or judicial subpoena, the attorneys must make an effort to tell you about the request for your protected health information.
- 18. Law enforcement.** When a law enforcement official requests your protected health information, it may be disclosed in response to a court order, subpoena, warrant, summons, or similar process. It may also be disclosed to help law enforcement identify or locate a suspect, fugitive, material witness, or missing person. We may also disclose protected health information about the victim of a crime; about a death we believe may be the result of criminal conduct; about criminal conduct on the premises; or in an emergency to report a crime, the location of the crime, victims of the crime, or to identify the person who committed the crime.
- 19. Coroners, medical examiners, and funeral directors.** We may disclose your protected health information to a coroner, medical examiner, or a funeral director.
- 20. National security and intelligence activities.** When authorized by law, we may disclose your protected health information to federal officials for intelligence, counterintelligence, and other national security activities.
- 21. Protective services for the president and others.** We may disclose your protected health information to certain federal officials so they may provide protection to the President, other persons, or foreign heads of state, or to conduct special investigations.
- 22. Inmates or persons in custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your protected health information to the correctional institution or a law enforcement official when it is necessary for the institution to provide you with health care; when it is necessary to protect your health and safety or the health and safety of others; or when it is necessary for the safety and f the correctional institution.

# NOTICE OF PRIVACY PRACTICES

## GRIEVANCE PROCEDURE:

1. Physicians Care Surgery Center has adopted an internal grievance procedure which provides for a prompt and equitable resolution of a patient complaint involving patient services or patient care issues while in the Facility. We encourage patients, their representatives or surrogates to first review any issues with the staff present and taking care of the patient at the time of the event or situation or to immediately ask to discuss the situation with the Chief Nursing Officer or Administrator to help resolve matters while the patient is in the Facility.
2. A grievance is a formal or informal, written or verbal complaint that is made to the Facility by a patient, the patient's representative, or surrogate when a patient issue cannot be resolved promptly by staff present at the time of the event, issue or occurrence and requires follow up. Patient grievances also may include messages left by voicemail; sent by email; received by staff calling after patient is discharged from the Facility; or as part of a patient satisfaction questionnaire that require further follow up. If requested, the Facility can provide a formal "Patient Grievance Report" for completion, but this form is not required to submit a grievance. Grievances may be related to the patient's care; abuse or neglect; or compliance with federal regulations from Center for Medicare/Medicaid Services (CMS).
3. All grievances received by any employee, staff member or physician will be documented and forwarded to the Facility Administrator. You may also send them to:

Physicians Care Surgery Center  
Attn: Grievance Submission  
475 Enterprise Dr, Suite 100 Royersford, PA 19468  
484-939-6020

4. Grievances about situations that endanger the patient, such as neglect or abuse, will be reviewed immediately, given the seriousness of the allegations and the potential for harm to the patient.
5. Each signed grievance will receive a response within 24 hours, acknowledging receipt of the grievance. This may be done by direct phone contact, email or mail.
6. The Administrator/Grievance Submission will review all information and complete a full investigation, and a written response, action plan or resolution will be issued no later than seven (7) calendar days after receipt of the grievance. If more time is needed for the investigation, the 7-day letter will state the timeline for final response, no longer than thirty (30) days from the receipt of the grievance.
7. Grievances should be submitted to the Administrator within thirty (30) calendar days of the date of the event. A grievance must contain the name, address, phone # and email contact
8. (if available) of the patient (the "grievant"). The information received must state the issue, complaint, concern or problem to be addressed.
9. The grievant may appeal the decision received from the Administrator by filing an appeal in writing, addressed to the "Facility Board of Managers" within ten (10) calendar days of receiving the response from the Administration. This appeal must state the elements of dissatisfaction with the response received and further resolution requested.
10. The Board of Managers will conduct a separate investigation and review and will issue a written decision in response to the appeal within seven (7) calendar days or with an extension of no more than thirty (30) calendar days from receipt of the appeal. This is the same timeframe as provided for the original grievance response. The Administrator will not participate in the review and decision making process for this appeal.
11. If a patient has filed a grievance and returns to the Facility for additional care before the grievance is resolved, he/she will not be cared for by the alleged staff member or physician involved in the grievance complaint.
12. Patients, patient representatives or surrogates may log a grievance with the U.S. Department of Health and Human Services – directly, regardless of whether he/she has first used the Facility's grievance process. The Department of Health may be contacted at The Department of Health may be contacted at Division of Acute & Ambulatory Care, Room 526, 625 Forster St., Health & Welfare Building, Harrisburg, PA 17120, 800-254-5164
13. Patients may log a grievance with the Medicare Beneficiary Ombudsman directly, regardless of whether he/she has first used the Facility's grievance process. Medicare may be contacted at [www.medicare.gov](http://www.medicare.gov) or [www.cms.hhs.gov/center/ombudsman](http://www.cms.hhs.gov/center/ombudsman) or 1-800-633-4227.

## COMPLAINTS:

- Complaints may be directed to the following Facility Contact: Physicians Care Surgery Center, Compliance Officer 475 Enterprise Dr, Suite 100, Royersford, PA 19468 Telephone: 484-939-6020
- Complaints may be directed to the following State Agency: Pennsylvania Department of Health and Human Services at the Division of Acute & Ambulatory Care, Room 532, Health and Welfare Building, Harrisburg, PA 17120 or by calling 1-800-254-5164
- Web site for the Medicare Beneficiary Ombudsman: <http://www.medicareadvocacy.org/medicare-info/other-resources/>