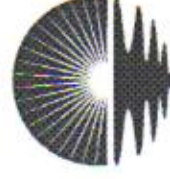


Lake George Surgery Center

Lake George Surgery Center
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Phone: 260-833-6100
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pgilchrest@lakegeorgesc.com

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.



LAKE GEORGE
SURGERY CENTER
LLC

YOUR HEALTH INFORMATION RIGHTS

- You have the right to request restrictions on certain uses and disclosures of your health information. Lake George Surgery Center is not required to agree to the restrictions that you request.
- You have the right to receive your health information through a reasonable alternative means or at an alternative location. Request must be made in writing detailing the alternative methods chosen and could be applicable to fees. You have the right to inspect and/or obtain a copy of your health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, you may have the right to have a decision to deny access reviewed.
- You have the right to request that Lake George Surgery Center amend your health information that is incorrect or incomplete. Lake George Surgery Center is not required to change your health information and will provide you information about the denial process.
- You have the right to receive an accounting of disclosure of your health information made by Lake George Surgery Center except that Lake George Surgery Center does not have to account for the disclosure described in treatment, payment, healthcare operation, and government functions as described in this notice. The first accounting of discloser within a twelve-month period is free. Any additional accountings in that time frame may be subject to a fee.
- You have the right to revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- You have a right to obtain a paper copy of this Notice upon arrival.
- You have the right to be notified in the event of a breach in Lake George Surgery Center patient information.
- You have the right to request that your health plan not be informed of your treatment at Lake George Surgery Center if you pay in full and your insurance company is not billed.
- To inspect or copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed at the back of this Privacy Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

Lake George Surgery Center reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, Lake George Surgery Center is required by law to comply with this notice. A paper copy of this notice is available if you request a copy.

COMPLAINTS

If you believe that your privacy rights have been violated or if you have complaints about this Notice of Privacy Practices, please contact the Privacy Officer, located center. Contact information above.

If you are not satisfied with the manner in which Lake George Surgery Center handles a complaint, you may submit a formal written complaint to the Department of Health and Human Service, Office for Civil Rights. You will not be retaliated against for filing a complaint.

This notice is effective as of April 1, 2020.

This Privacy Notice is being provided to you as a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Privacy Notice describes how Lake George Center may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider and that relates to your past, present or future physical or mental health or condition. If you have questions about any part of this notice or if you want more information about the privacy practices at Lake George Surgery Center please see the contact information at the end of this document.

HOW LAKE GEORGE SURGERY CENTER MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

Lake George Surgery Center collects and protects the privacy of your health information. The law permits Lake George Surgery Center to use or disclose your health information for the following purposes:

- **TREATMENT:** Lake George Surgery Center may use your health information to provide you with medical treatment or services. For example, information obtained from you by a front office personnel or nurse is necessary to determine what treatment you should receive.
- **PAYMENT:** Lake George Surgery Center may use and disclose health information about you for payment for treatment and services you receive. For example, your health information may be sent to a third-party payer such as an insurance company or health plan in order for Lake George Surgery Center to receive payment for services rendered.
- **HEALTHCARE OPERATIONS:** Lake George Surgery Center may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to evaluate the performance of our staff; assess the quality of care and outcomes in your case and similar cases; and to determine how to continually improve the quality and effectiveness of the health care we provide.

- **OTHER USES AND DISCLOSURES.** As part of treatment, payment and health care operations, we may also use or disclose your protected health information for the following purposes: to remind you of your surgery date, to inform you of potential treatment alternatives or options, to inform you of health-related benefits or services that may be of interest to you, or to contact you to raise funds for the facility or an institutional foundation related to the facility. Should we send you any fundraising communications, you will be provided an opportunity to "opt out" of receiving any future fundraising communications. If you do not wish to be contacted regarding fundraising, please contact our Privacy Officer.

USES AND DISCLOSURES BEYOND TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS PERMITTED WITHOUT AUTHORIZATION OR OPPORTUNITY TO OBJECT

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

- **REQUIRED BY LAW:** As required by law, Lake George Surgery Center may use and disclose your health information. For example, Lake George Surgery Center may disclose health information for the following reasons; judicial and administrative proceedings, to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes; to the Department of Health and Human Services to determine if we are in compliance with federal laws; or to appropriate persons in order to prevent or lessen a serious and imminent threat to the public or safety of a particular person or the general public.
- **PUBLIC HEALTH:** As required by law Lake George Surgery Center may use and disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; to aid with disaster relief, and reporting disease or infection exposure.
- **HEALTH OVERSIGHT ACTIVITIES:** Lake George Surgery Center may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure, and other proceedings.
- **DECEASED PERSON INFORMATION AND ORGAN DONATIONS:** Lake George Surgery Center may disclose your health information to coroners, medical examiners, funeral directors, or to

- **RESEARCH:** Lake George Surgery Center may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.
- **WORKER'S COMPENSATION:** Lake George Surgery Center may disclose your health information as necessary to comply with worker's compensation laws.
- **MARKETING:** Lake George Surgery Center may contact you to give you information about treatments or health-related benefits and services that may be of interest to you.
- **GOVERNMENT FUNCTIONS:** Specialized government functions such as protection of public officials or reporting to various branches of the armed services may require use or disclosure of your health information.
- **APPOINTMENTS:** Lake George Surgery Center may use your information to provide appointment reminders by telephone, email or postal service.
- **BUSINESS ASSOCIATES:** We work with other businesses to help Lake George Surgery Center operate successfully. We may disclose your health information to these business associates so that they can perform the tasks we hired them to do. Our business associates must guarantee us that they will respect the confidentiality of your personal health information.

USES AND DISCLOSURES PERMITTED WITHOUT AUTHORIZATION BUT WITH OPPORTUNITY TO OBJECT

- **NOTIFICATION AND COMMUNICATION WITH FAMILY:** Lake George Surgery Center may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your surgery or payment related to your surgery. Lake George Surgery Center may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

WHEN LAKE GEORGE SURGERY CENTER MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION.

- Except as described in the Notice of Privacy Practices, Lake George Surgery Center will not use or disclose your health information without your