

NOTICE OF PRIVACY PRACTICES

Effective Date: 09/23/2013

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.

If you have any questions about this notice, please contact our Privacy Officer (contact information is set forth at the very end of this notice). Terms used, but not defined, in this notice have the meanings set forth in the Federal HIPAA Law.

WHO WILL FOLLOW THIS NOTICE

In accordance with the HIPAA Law, this notice describes Vincera Surgery Center ("Facility") privacy practices and that of any subsidiaries, affiliates, and entities under common ownership/control with Vincera Surgery Center.

OUR PRIVACY OBLIGATIONS REGARDING MEDICAL INFORMATION

We are required by law to maintain the privacy of medical and health information about you and to provide you with this Notice of our legal duties and privacy practices with respect to medical information.

This notice will tell you about the ways in which Facility may use and disclose medical information about you. This notice also describes your rights and certain obligations regarding the use and disclosure of medical information. Facility is required by law to:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Follow the terms of the notice that is currently in effect; and
- If medical information is used or disclosed in violation of the law, notify you if the use/disclosure is a "Breach of Unsecured Protected Health Information" (as such terms are defined by the Federal HIPAA Law).

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we are permitted to use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every specific use or disclosure or type of use/disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. **Any other uses and disclosures not described in this notice will not be made without your authorization.**

HIGHLY SENSITIVE INFORMATION: SPECIAL AUTHORIZATION MAY BE REQUIRED

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the release of certain categories of information under State law. When applicable, we will follow State law when it is more restrictive for the special circumstances.

DISCLOSURES THAT GENERALLY REQUIRE HIPAA AUTHORIZATION: PSYCHOTHERAPY NOTES AND MARKETING

Under HIPAA law, there are some circumstances where we can only use and disclosure medical information if you have signed a HIPAA authorization. Your authorization is required for most uses and disclosures of your medical information involving psychotherapy notes. However, Facility does not maintain psychotherapy notes.

Your authorization is also required for most uses and disclosures of your medical information for "Marketing" purposes, including subsidized treatment communications, or for disclosures that constitute the "Sale" of medical information. Please be aware, however, that HIPAA's definitions of "Marketing" and "Sales", and the restrictions related thereto, are technical, include exceptions, and do not apply to all situations that you may personally consider to be marketing or sales. We are permitted to use and/or disclose medical information for marketing or sales purposes in accordance with HIPAA and state law, which in some, but not all, situations requires your authorization to do so. If your authorization is not required, and HIPAA/state law allows for a use that you may personally consider to be a use or disclosure for marketing/sales purposes, we are permitted to utilize your information for such purposes without your consent (examples include, but are not limited to, face-to-face communications to you about a product, to provide refill reminders, research purposes, and the sale, transfer, merger or consolidation of all or part of the practice).

DISCLOSURE AT YOUR REQUEST

We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

FOR TREATMENT

We may use medical information about you to provide you with medical treatment, healthcare, or other related services (including for care coordination purposes). We may disclose medical information about you to doctors, nurses, assistants, technicians, health care students, or other personnel who are involved in taking care of you. Different departments of Facility also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and tests. We also may disclose medical information about you to people outside of Facility who may be involved in your medical care, such as pharmacists or other treating physicians.

Additionally, we may share your medical information with physicians and other health care providers as a member of an Accountable Care Organization ("ACO"), Regional Health Information Organization ("RHIO") or other Health Information Exchange ("HIE"). In some (but not all) cases, there may be an "opt out" right or other rights particular to an ACO, RHIO or HIE – please contact our Privacy if you would like more information on "opt out" or other rights you may have to the extent Facility participates in these organizations.

FOR PAYMENT

We may use and disclose medical information about you so that the treatment and services you receive from Facility may be billed to and payment may be collected from an insurance company or a third party. We may also disclose your medical information to another health care provider or payor of health care for the payment activities of that entity. For example, we may need to give your health plan information about a test you received at Facility so your health plan will pay us or reimburse you for the test. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, referrals, or to determine whether your plan will cover the treatment. We may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside Facility who are involved in your care, to assist them in obtaining payment for services they provide to you. We may also need to use and disclose your medical information in various appeals processes to defend the necessity of services offered in the past, and to pursue collections actions for services which we have rendered to you; this may include providing your medical information to our business associates, such as billing companies and others that process our health care claims.

If you do not want to disclose medical information about you to your health plan, you have the right to pay for all procedures and care out of pocket, and to inform us that you wish to restrict the information disclosed to your health plan. Under federal law, we must comply with certain restrictions on disclosures

of your protected health information if you have paid out of pocket in full. For more information, see your rights listed below.

FOR HEALTH CARE OPERATIONS

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run Facility and make sure that all of our patients receive quality health care, and to maintain and improve the quality of health care that Facility provides. We may also provide your medical information to our accountants, attorneys, and consultants who perform services on our behalf. We may additionally provide your medical information to various governmental or accreditation entities to maintain license(s) and accreditation. For example, We may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

INCIDENTAL USES AND DISCLOSURES

We may occasionally inadvertently use or disclose your medical information when such use or disclosure is incident to another use or disclosure that is permitted or required by law. For example: while Facility has safeguards in place to protect against others overhearing conversations that take place between doctors, or other personnel, there may be times that such conversations are in fact overheard. Please be assured, however, that as much as possible, Facility has appropriate safeguards in place in an effort to avoid such situations.

LIMITED DATA SETS

We are permitted to use or disclose certain parts of your medical information, called a "limited data set," for purposes of research, public health reasons or for our health care operations. To the extent applicable, we would disclose a limited data set, only to third parties that have provided us with satisfactory assurances that they will use or disclose your medical information only for limited purposes.

DISCLOSURES TO THE SECRETARY OF HEALTH AND HUMAN SERVICES

We might be required by law to disclose your medical information to the Secretary of the Department of Health and Human Services, or his/her designee, in the case of a compliance review to determine whether Facility is complying with privacy laws.

DE-IDENTIFIED INFORMATION

Facility is permitted to use your medical information, or disclose it to a third party whom Facility has hired, to create information that does not identify you in any way. Once we have de-identified your information, it can be used or disclosed in any way according to law.

CERTAIN DISCLOSURES BY MEMBERS OF WORKFORCE

Members of Facility's workforce are permitted to disclose your medical information to a health oversight agency, public health authority, or health care accreditation organization to report the workforce member's belief regarding certain unlawful conduct or public safety concerns. In addition, if a workforce member is a crime victim, the member may disclose your medical information to a law enforcement official when certain requirements are met.

SHARING WITHIN ORGANIZED HEALTH CARE ARRANGEMENT

Covered entities participating in any organized health care arrangement may/will share medical information with each other, as necessary to carry out treatment, payment, or health care operations relating to the organized health care arrangement.

APPOINTMENT REMINDERS

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Facility. If you do not wish Facility to contact you regarding appointment reminders, you must notify us in writing and state that you wish to be excluded from this activity.

TREATMENT ALTERNATIVES

So long as done in compliance with the HIPAA marketing/sale of PHI rules, we are permitted to use and disclose medical information to tell you about or recommend possible treatment options or alternatives

that may be of interest to you. If you do not wish us to contact you regarding treatment alternatives, you must notify us in writing and state that you wish to be excluded from this activity.

HEALTH-RELATED PRODUCTS AND SERVICES

So long as done in compliance with the HIPAA marketing/sale of PHI rules, Facility is permitted to use and disclose medical information to tell you about our health-related products or services that may be of interest to you. If you do not wish us to contact you regarding health related-products and services, you must notify us in writing and state that you wish to be excluded from this activity.

FUNDRAISING ACTIVITIES

We are permitted to use medical information about you, or disclose such information to a foundation related to Facility or a fundraising-related service provider, to contact you in an effort to raise money for operations. To the extent applicable, we would only release contact information, such as your name, address and phone number and the dates you received treatment or services. If you do not want to be contacted for fundraising efforts, you have the right to opt out by notifying our Privacy Officer (contact information is set forth at the very end of this notice) in writing.

TO INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE (AND YOUR OPPORTUNITY TO OBJECT)

We may release medical information about you to a friend or family member who is involved in your medical care, unless you object in whole or in part after being given the opportunity to object. We may also give information to someone who helps pay for your care. Unless there is a specific written request/objection from you to the contrary, we are also permitted under the HIPAA rules to tell your family or friends your condition and that you are at Facility in certain limited circumstances. In addition, to the extent applicable, we are permitted to disclose certain medical 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.

FOR RESEARCH

Under certain circumstances, we are permitted to use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before Facility would use or disclose medical information for research, the project will have been approved through this research approval process, but we are permitted, however, to disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave Facility. In some situations, your authorization is required in connection with research uses and disclosures.

AS REQUIRED BY LAW

We will disclose medical information about you when required to do so by federal, state or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or reduce the threat, or to law enforcement in particular circumstances.

THIRD PARTIES/BUSINESS ASSOCIATES

We may disclose your medical information to third parties (sometimes called business associates) with whom Facility has contact to perform services on Facility's behalf. If we disclose your information to these entities, we will have a written agreement with them to safeguard your information.

SPECIAL SITUATIONS

ORGAN AND TISSUE DONATION

We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

MILITARY AND VETERANS

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

WORKERS' COMPENSATION

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH ACTIVITIES

We may disclose medical information about you for public health activities when certain conditions are met. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report regarding the abuse or neglect of children, elders, and dependent adults; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a personal who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

HEALTH OVERSIGHT ACTIVITIES

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

LAWSUITS AND ADMINISTRATIVE PROCEEDINGS

We may disclose medical information about you in the course of judicial or administrative proceedings in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process, however, in some circumstances an authorization or satisfactory assurances safeguard process may be required prior to the release.

LAW ENFORCEMENT

In certain circumstances, we may release certain medical information to law enforcement officials: as required by law; in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at Facility; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

We may release medical information to a coroner or medical examiner. We may also release medical information about patients of Facility to funeral directors as necessary to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

INMATES

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official. This disclosure would be necessary 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; or 3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information Facility maintains about you.

RIGHT TO INSPECT AND COPY

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer (contact information is set forth at the very end of this notice). If Facility uses or maintains your medical information in an electronic health record, you have the right to obtain an electronic copy of such information. Furthermore, you have the right to direct Facility to transmit such electronic copy directly to another entity or person that you designate. If you request a copy of the information, Facility may charge a fee for the costs of copying, mailing or other supplies associated with your request. Facility will follow applicable law with regard to approved copying and other costs.

Facility may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Facility will review your request and the denial. The person conducting the review will not be the person who denied your request. Facility will comply with the outcome of the review.

RIGHT TO ELECTRONIC ACCESS

You have the right to access electronic copies of your medical information when requested (to the extent that we maintain the information in an electronic form). When information is not readily producible in the electronic form and format you have requested, we will provide you the information in an alternative readable electronic format as we may mutually agree upon.

Though we are not required to do so, we are advising you in this notice that, if you request that information available in an electronic format be provided via email, that email is an unsecure medium for transmitting information and that there is some risk if medical information is emailed. Information transmitted via email is more likely to be intercepted by unauthorized third parties than more secure transmission channels. If we agree to email you information, you are accepting the risks we have notified you of, and you agree that we are not responsible for unauthorized access of such medical information while in transmission to you based on your request, or when the information is delivered to you.

RIGHT TO AMEND

If you feel that your medical information is incorrect you may request an amendment of the information. To request an amendment, your request must be made in writing and submitted to our Privacy Officer (contact information is set forth at the very end of this notice). In addition, you must provide a reason that supports your request.

Facility may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, Facility may deny your request if you ask Facility to amend information that: (i) was not created by Facility, unless the person or entity that created the information is no longer available to make the amendment; (ii) is not part of the medical information kept by or for Facility; (iii) is

not part of the information which you would be permitted to inspect and copy; or (iv) is accurate and complete.

Even if Facility denies your request for amendment, you have the right to submit a written statement of disagreement with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the statement of disagreement to be made part of your medical record, Facility will attach it to your records and include it whenever Facility makes a disclosure of the item or statement you believe to be incomplete or incorrect.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an "accounting of disclosures." This is a list of the disclosures Facility made of medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above) and certain other exceptions.

To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer (contact information is set forth at the very end of this notice). Your request must state a time period which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, Facility may charge you for the costs of providing the list. Facility will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction on the use or disclosure of medical information in connection with (a) treatment, payment or health care operations; (b) to individuals such as family members involved in your care or with payment related to your care.

Facility is generally not required to agree to your restriction request.

In one narrow instance, however, we are required to agree to the request, if all of the following apply: (i) you have requested that we restrict disclosure for payment or healthcare operations purposes; (ii) the disclosure would be made to a health plan/insurer (e.g., we are not precluded from making other allowable disclosures, only disclosures to the health plan/insurer); (iii) the disclosure is not otherwise required by law; and (iv) the medical information restricted pertains solely to a healthcare item or service for which you, or someone on your behalf, have paid us in full (excluding payments made by the health plan on your behalf) (e.g., you may not restrict the entirety of your medical record from being disclosed to a health plan/insurer – you may only restrict the portions of your record for those items or services which have been paid in full). You are hereby advised that, even if you utilize this required restriction request and meet the criteria set forth above, the required restriction is **narrow**. In particular, even if you have requested and received a required restriction, we may still disclose your information to others for other allowable purposes, such as sending information to a pharmacy to have a prescription filled. **In the event that we make such allowable disclosures, the party to which we have permissibly disclosed the information to is not bound by the required restriction request that you made to us, and we are not obligated to relay your request to such party. The only way for you to guarantee that such 3rd parties do not then disclose said information to your insurer/health plan is for you to make a required restriction request with the 3rd party that meets all of the required restriction elements set forth above. We hereby advise you to do so if you desire.**

If Facility does agree to comply with other non-required requests, Facility will comply with your request unless (a) the information is needed to provide you emergency treatment, or (b) other legal exceptions apply. To request restrictions, you must make your request in writing to our Privacy Officer (contact information is set forth at the very end of this notice). Facility will not ask you the reason for your request. Facility will attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that Facility communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that Facility only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer (contact information is set forth at the very end of this notice). Facility will not ask you the reason for your request. Facility will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this notice. 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 obtain a paper copy of this notice, ask our front desk staff, or our Privacy Officer (contact information is set forth at the very end of this notice).

RIGHT TO BE NOTIFIED IN THE EVENT OF A "BREACH OF UNSECURED PHI"

If, in any case, medical information is used or disclosed in violation of the law, we are required to notify you if the use/disclosure is a "Breach of Unsecured Protected Health Information" (as such terms are defined by the Federal HIPAA Law).

CHANGES TO THIS NOTICE

Facility reserves the right to change this notice and our privacy or security policies at any time. Any changes we make will apply to medical information we already have about you as well as any information Facility receives in the future. Facility will post a copy of the current/changed notice in its office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Facility or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Facility, contact our Privacy Officer in writing (contact information is set forth at the very end of this notice). All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF MEDICAL INFORMATION/PERMISSIONS/AUTHORIZATIONS

Other uses and disclosures of medical information not covered by this notice or the laws that apply to Facility will be made only with your written permission/authorization. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if Facility has already acted in reliance on your permission. You understand that Facility is unable to take back any disclosures Facility has already made with your permission, and that Facility is required to retain Facility's records of the care that was provided to you.

PRIVACY OFFICER CONTACT INFORMATION

If you have any questions about this notice, please contact our Privacy Officer utilizing the contact information set forth below. Certain provisions of this notice and our related policies and procedures require that notice or other requests be in writing. Please follow our instructions for any such issue.

Attention: Christy McHale
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267-592-3200