

**Treasure Coast Surgical Center, Inc.**  
**1811 S. 25th Street • Fort Pierce, FL 34947**  
**(772) 467-1960**

**PRIVACY NOTICE**

**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.**

This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. We must follow the privacy practices described in this Notice while it is in effect. We reserve the right to change the terms of this Notice and to make the new Notice effective for all future protected health information we maintain. We will post the most current Notice and make the new Notice available to anyone. You may request a copy of current Notice at any time. This Privacy Notice also describes your rights to access and control your protected health information which is health information that is created or received by your health care provider.

We may contract with business associates through the course of our operations such as those companies that process your health care claim, review insurance information, provide coding and billing services. We require the business associate sign an agreement and agree to safeguard the security and privacy of your health information.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

We will use and disclose health information to provide treatment, obtain payment, and conduct health care operations.

**1. Treatment:** To provide, coordinate, and manage your health care. For example, we may disclose protected health information to physicians or other health care professionals who may be treating you or consulting with us. Examples include your physicians, anesthesia provider, or pharmacist. We may disclose information to a pharmacy to fill a prescription or to a laboratory to contact a lab test or provide specimen results.

**2. Payment:** To obtain payment for the services. This may include contact with your insurance company to get the bill paid and to determine benefits of your health plan. We may also disclose information to another provider involved in your care so the provider can get paid. For example, we may give information to anesthesia providers so they can contact your insurer about payment for their services.

**3. Operations:** To perform our own health care activities such as quality assessment and improvement, licensing or credentialing, medical record reviews, and general business administration.

**4. Other Uses and Disclosures:** To remind you of appointments or to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, or to notify family or others involved in your care concerning your location or condition. You may object to these disclosures. If you do not or cannot object, we will use our professional judgment to make reasonable assumptions about to whom we can make disclosures.

**5. Other Uses and Disclosures Permitted:** to comply with laws and regulations.

**A. When Legally Required** by any federal, state or local law.

**B. When There Are Risks to Public Health** such as:

- To prevent, control, or report disease, injury or disability as required or permitted by law.
- To report vital events such as birth or death as required by law.
- To conduct public health surveillance, investigations and interventions as required by law.
- To collect or report adverse events and product defects, track Food and Drug Administration (FDA) regulated products, enable product recalls, repairs or replacements and review.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
- To report to an employer information about an individual who is a member of the workforce as legally permitted or required.

**C. To Report Suspected Abuse, Neglect Or Domestic Violence** as required by law.

**D. To Conduct Health Oversight Activities** such as audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensing or disciplinary actions; or other activities necessary for appropriate oversight as required or authorized by law.

**E. In Connection With Judicial And Administrative Proceedings** such as in the course of any judicial or administrative proceeding or in response to a subpoena we receive.

**F. For Law Enforcement Purposes.** Examples are:

- As required by law for reporting of certain types of wounds or other physical injuries.
- Upon court order, court-ordered warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To law enforcement if there is concern that your health condition was the result of criminal conduct.
- In an emergency to report a crime.

**G. For Organ Donation or to Coroners or Funeral Directors** such as for organ, eye or tissue donations; identification purposes; performing other duties authorized by law.

**H. For Research Purposes** when the use or disclosure for research has been approved by an institutional review board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.

**I. In the Event of a Serious Threat to Health or Safety** and consistent with applicable law and ethical standards of conduct, if we believe, in good