

Privacy Statement
Stark Ambulatory Surgery Center
Canton, Ohio 44718

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. You will be given a copy of this notice.

Patient Health Information: Under federal law, your patient health information is protected and confidential. This information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information includes payment, billing, and insurance information.

How we use your Health Information: We use health information about you for treatment, to obtain payment, and for health care operation including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances we may be required to use or disclose the information with out your permission.

Examples of Care, Payment, and Health Care Operations: Treatment- We will use and disclose your health information to provide your medical treatment. For example, nurses, physicians, and other members of your treatment team will record and use it to determine your care. We may also disclose information to other health care providers who are helping in your treatment, to pharmacist filling your pre-criptions, and family members helping with your care. Payment- We will disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain your records of payment. Heath Care Operations- we will use and disclose your health information to conduct our standard internal operations, including the administration of records, evaluate the quality of treatment, and to asses outcomes.

Special use: We may use your information to contact you with appointment reminders. We may also contact you to provide information about different treatment options.

Other uses and Disclosures: We may use or disclose health information about you for other purposes. Subject to certain requirements, we are permitted for the following purposes: Required by Law- We may be required by law to report gunshot wounds, suspected abuse, suspected neglect, or similar events. Research- we may use or disclose information for approved medical research. Public Health Activities As required by law, we may disclose vital statistics, disease, information related to recalls of products, and similar information to health authorities. Health Oversight- We may disclose information to assist in investigation and audits, and eligibility for government programs. Judicial Proceedings- we will disclose information in response to subpoena or court order. Law enforcement purposes- We may disclose information subject to certain restrictions. Workers Compensation- We may release information about your workers compensation or other programs providing benefits for work related injuries or illness. Military or Special Government Functions- If a member of the armed forces, we will release information as military authorities command, correctional facilities, or for national security. Death- We must report information regarding deaths to the coroner, medical examiner, funeral directors, and organ donation. Serious Threat to Health and Safety- We may share information when needed to prevent a serious threat to your health, safety, and the public.

Individual Rights: You have the following rights with your health information. Request Restrictions- You may request restrictions on some uses of this information, although we are not required to agree with this request. Confidential Communications- You may request that we communicate with only you. You may request a special address, or phone number. Inspect and Obtain Copies- In most cases you have the right to look and receive a copy of your information. Amend Information- If you believe there are errors in your information, or information is missing, you may request it corrected and information added. Accounting of Disclosure- You may request a history of the disclosure of the information about you for reasons OTHER than treatment, payment, or operations.

Our Legal Requirement: We are required to provide you with this notice, protect your information, and to abide by the terms of this notice.

Changes in a Privacy Practice: We may change these terms at any time. We will change our notice to reflect the terms that we change. We will also post the terms changes in our waiting room. You may request a copy of this notice, and / or the changes at any time. You may contact the Center Director below to answer any questions.

Complaints: If you have a complaint that may reveal we have violated this privacy statement, or do not agree with a decision that we made in regard to your information, please contact the Center Director below. You may also contact the US Department of Health and Human Services. The person below may provide you with the correct address upon request.

Contact Person:

Theresa McEndree RN
Center Director
Stark Ambulatory Surgery Center
4360 Fulton Rd. NW
Canton, OH 44718

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____