



# **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.**

The SouthPark Surgery Center is required by the Health Insurance Portability and Accountability Act (“HIPAA”) to maintain the privacy of you protected health information (“PHI”). We are also required by law to provide you with the attached detailed Notice of Privacy Practices (“Notice”) explaining our legal duties and privacy practices with respect to your PHI.

If you have any questions about this notice, please contact the Charlotte Eye Ear Nose & Throat Associates, P.A. (“CEENTA”) Privacy/Compliance Officer at 704.295.3412 or by mail at 6035 Fairview Road, Charlotte, NC 28210.

- **We must protect health information about you**

We must protect the privacy of health information about you that can identify you, also called protected health information or “PHI” for short. PHI includes information about your past, present or future health, the healthcare we provide to you and payment for your healthcare. This Notice explains SouthPark Surgery Center’s legal duties with respect to PHI and how we can use and disclose PHI about you. In addition, we can make other uses and disclosures that occur as a byproduct of the uses and disclosures described in this Notice, and may include information about your race, ethnicity, language, gender identity, sexual orientation, and social risks and needs. This Notice also explains your privacy rights, and how you can file a complaint if you believe those rights have been violated. In the event that PHI about you is affected by a breach of unsecured PHI, SouthPark Surgery Center will provide notice as required by HIPAA.

- **How we can use and disclose PHI about you**

- 1. When we can use and disclose PHI about you without an authorization.**

We may use and disclose PHI about you without your authorization in the following ways:

- a. To provide healthcare treatment to you.**

We use and share PHI with others to provide and coordinate your healthcare treatment. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments may also need your PHI so you can get your medicine, lab work, meals and X-rays. We may also share health information about you with people like home health providers or others who may be involved in your medical care after you leave our care. We may make health information about you available to other healthcare providers who ask for it through the Care Everywhere function of our electronic health record system, or through health information exchanges. You may ask that your health information not be made available through Care Everywhere or other health information exchanges that enable other providers to access your medical information, as provided in the “Your Privacy Rights” section.

- b. To obtain payment for services.** We use and share PHI with others (for example, insurance companies, health plans, collection agencies, and consumer reporting agencies) to bill and collect payment for services we provided to you.

Before we provide scheduled services to you, we may share information with your health plan to ask whether it will pay for the services or with government agencies to see if you qualify for benefits. We may also share health information with hospital departments that review care to see if the care and the costs were appropriate. For example, if you have a broken leg, we may need to give our billing department and your health plan information about your condition, the supplies used (such as plaster for your cast or crutches), and the services you received (such as X-rays or surgery) so we can be paid or you can be reimbursed.

- c. For healthcare operations.** We may use and share PHI to perform business activities that we call “healthcare operations” to help us improve the quality of care we provide and reduce healthcare costs. For example, we may use PHI to review our services or evaluate the performance of the people taking care of you. We may share PHI with governmental agencies, so they can review the care we provide. We also may share PHI with doctors, nurses, medical and nursing students, and other personnel (like billing clerks or assistants) for training purposes.

- d. To raise money for our organization.**

We may use and/or disclose PHI about you, including disclosure to a foundation, to contact you to raise money. Unless you provide an authorization, we will only share your name, address, telephone number, the dates you received treatment or services, the names of the treating physicians, the outcome and health insurance status.

- e. To remind you about appointments.** We may use and/or disclose PHI to remind you about an appointment you have with us.

- f. To tell you about treatment options.** We may use and/or disclose PHI to tell you about treatment options that may interest you. We may also use and/or disclose PHI to give you gifts of a small value. For example, if you have diabetes, we may tell you about nutritional services that might help you.

- g. To our business associates.** We provide some services through other businesses we call business associates. We may give business associates health information about you so they can do the job we asked them to perform for us. For example, we might use a copy service to make copies of requested medical records. When we do this, we require the business associate to safeguard health information about you.

**2. When we may use and disclose PHI about you without an authorization or an opportunity to object.**

In some situations, we may use and/or disclose PHI about you without your authorization or an opportunity to object. These situations include when the use or disclosure is:

**a. When it is required by law.**

**b. For public health activities.** We may disclose PHI about you for public health activities. These activities generally include disclosing PHI in order to:

- Prevent or control disease, injury or disability
- Report births and deaths
- Report child and disabled adult abuse or neglect
- Report reactions to medicine or problems with medical products
- Tell people that a medical product they are using has been recalled
- Support public health surveillance and combat bioterrorism

**c. For health oversight activities.** We may disclose PHI about you to a state or federal health oversight agency that is authorized by law to oversee our operations.

**d. For a legal proceeding.** We may disclose PHI in a legal proceeding as required by a court order or otherwise by law.

**e. For law enforcement purposes.** We may disclose PHI about you to report certain types of wounds, physical injuries or criminal conduct on our property.

**f. To a medical examiner or funeral director.** We may disclose PHI about you to a coroner or medical examiner to identify you or determine cause of death. We may also release PHI to funeral directors so they can carry out their duties.

**g. For organ, eye or tissue donation purposes.**

**h. For medical research.** Research done in Novant Health must go through a special review process. We will not use or disclose PHI about you unless we have your authorization or we have determined that your privacy is protected.

**i. To avoid a serious threat to health or safety.** We may disclose health information if it is necessary to protect the health and safety of you, the public or someone else.

**j. For specialized government functions.** We may disclose PHI about you for military and veterans' activities, national security and intelligence activities, protective services for the President, or medical suitability/determinations of the Department of State.

**k. For law enforcement custodial situations.**

We may disclose PHI about you to a correctional institution that has custody of you.

**3. When you can object to a use or disclosure.**

Unless you tell us not to, we may use or share your PHI:

**a. To include you in the hospital directory.** Our hospitals include limited information about you in patient directories. We may share your name, room number and condition (fair, stable, etc.) with people who ask for you by name. We also may share your religious affiliation with religious leaders of your faith. If you do not want your information included in the directory, please tell registration when you arrive. *If you ask not to be included in the patient directory, you will not get any cards or flowers that are sent to the hospital for you. Also, we will not tell callers or visitors that you are here.*

**b. To people involved in your care or payment for care.** We may share PHI with family members or others identified by you, who are involved in your care or payment for your care. We, also, may tell your family and friends about your condition. In an emergency, or if you are unable to make decisions for yourself, we will use our professional judgment to decide if it is in your best interest to share your PHI with a person involved in your care. If you bring family members or others to your appointments or for unscheduled care, and do not tell us that you object to them hearing your PHI, then we are allowed to interpret that as your consent for us to do so.

**c. To agencies for disaster relief efforts.**

We may share PHI with agencies like the Red Cross for disaster relief efforts. *Even if you ask us not to, we may share your PHI if we need to for an emergency.*

• **Other laws**

In some cases, other laws require us to give more protection to your health information than HIPAA does. Even if one of these special rules applies to your health information, we may still be required to report certain things and we will follow these laws. For example, we are required to report suspected cases of child or disabled adult abuse or neglect, and we may share the information listed below when we make the report.

- If you have a communicable disease like tuberculosis, syphilis or HIV/AIDS, we generally will not share that information unless we have your written permission. But, we do not need your permission to report information about your disease to state and local health officials or to prevent the spread of the disease.

- If you are treated for a mental health condition, a developmental disability or substance abuse, state law generally requires us to get your written consent before we disclose that information. There are some exceptions to this rule. For example, we may disclose information if you need a guardian or involuntary commitment. We also may disclose information to: (1) a healthcare provider who is treating you in an emergency; (2) a healthcare provider who referred you to us, if they ask; and (3) to other mental health, developmental disabilities, and substance abuse facilities or professionals when necessary to coordinate your care or treatment. We may also share information with other covered entities, such as a pharmacy, or businesses associates, such as a software vendor, unless you object in writing. After notification to you, we are required to tell a family member or other person substantially involved in your care that you were admitted to, transferred from, left or discharged from, a behavioral health unit. Under a special federal law, if you apply for or receive substance abuse services from us, we generally have to get your written permission before we share information that identifies you as a substance abuser or a patient receiving substance abuse services. There are some exceptions to this rule. We may share information with medical workers in an emergency. If you commit a crime, or threaten to commit a crime, on our property or against our workers, we may report that to the police.
- If you are under the age of 18 and are not emancipated, we will not reveal any information about treatment that you consented to receive for pregnancy, venereal disease and other communicable diseases, drug or alcohol abuse, or emotional disturbance, without your permission. But, we are allowed to reveal this information if: (1) your doctor thinks your parents need to know because there is a serious threat to your life or health, or (2) your parents or guardian ask your doctor about the

treatment, and your doctor believes that sharing the information is in your best interest.

- **Other uses and disclosures**

**1. Use of psychotherapy notes, use of PHI for marketing and sale of PHI.** Except as provided in Section 164.508(a)(2) of HIPAA, your authorization is required for use or disclosure of psychotherapy notes about you. Except as provided in Section 164.508(a)(3), your authorization is required for use or disclosure of PHI about you for marketing. Your authorization is required for a disclosure which is a sale of PHI about you under Section 164.508(a)(4).

**2. Other uses and disclosures.** In any situation other than those listed above, we may ask for your written authorization before we use or disclose your PHI. If you sign a written authorization allowing us to disclose PHI, you can cancel it later. Your cancellation must be in writing and delivered to the Privacy Official at the address provided below, and we will not disclose PHI about you previously authorized, after we receive your cancellation and had a reasonable time to implement the cancellation.

- **Your privacy rights**

You have the following rights about the health information we maintain about you. **If you have any questions about this notice, please contact the Charlotte Eye Ear Nose & Throat Associates, P.A. Privacy Officer at 704.295.3412 or by mail at 6035 Fairview Road, Charlotte, NC 28210.**

**1. Right to ask for restrictions.** You have the right to ask us to limit the ways we use and disclose your PHI for treatment, payment or healthcare operations. You also have the right to ask us to limit the health information we share about you to someone involved in your care or the payment for your care. Your request must be in writing. We do not have to agree to your request in most cases. But, we do have to agree if you ask us not to disclose PHI to your health plan for payment of healthcare operations, or for our healthcare operations if the PHI is about an item or service you paid for, in full, out-of-pocket, and disclosure is not otherwise required by law. Even if we agree, your restrictions may not be followed in some situations such as emergencies or when disclosure is required by law.

**2. Right to ask for different ways to communicate with you.** You have the right to ask us to contact you in a certain way or at a certain location. For example, you can ask us to only contact you at your work phone number. *If your request is reasonable, we will do what you ask.* In some situations, we may require you to explain how you will handle payment and give us another way to reach you.

**3. Right to see and copy PHI.** You have the right to see and get a copy of the health information about you. You must sign a written request for access or an authorization. We may charge you a fee if you have asked for a copy of records. *We can deny your request in some situations.* If we deny your request, we will notify you in writing and explain how you can ask for a review of the denial.

**4. Right to ask for changes.** You have the right to ask us to change PHI about you if you do not believe it is correct or complete. You must ask us in writing. You must explain why you want the change. We can deny your request in some situations. If we deny your request, we will explain why in writing and tell you how to give us a written statement disagreeing with our decision.

**5. Right to ask for an accounting of disclosures.** If you ask in writing, you can get a list of some, but not all, of the disclosures we made of your health information. For example, the list will not include disclosures made for treatment, payment, healthcare operations or disclosures you specifically authorized. You may ask for disclosures made in the last six (6) years. We cannot give you a list of any disclosures made before April 14, 2003. If you ask for a list of disclosures more than once in 12 months, we can charge you a reasonable fee.

**6. Right to a paper copy of this Notice.** You have the right to ask for a paper copy of this form. You can also get a copy of this Notice from our website [www.southparksurgerycenter.com](http://www.southparksurgerycenter.com)

**7. Right to notice of breach of unsecured PHI.** If we discover that there has been a breach of your unsecured PHI, we will notify you about that breach by first-class mail dispatched to the most recent address that we have on file. If you prefer to be notified by electronic mail, please contact the CEENTA Privacy Officer, to make the SouthPark Surgery Center aware of this preference and to provide a valid email address to send the electronic notice.

- **Revisions to the Notice**

The SouthPark Surgery Center is required to abide by the terms of the version of this Notice currently in effect. However, the SouthPark Surgery Center reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and on our Web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting the CEENTA Privacy Officer.

- **You may file a complaint about our privacy practices**

If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you can contact the Charlotte Eye Ear Nose & Throat Associates, P.A. Privacy Officer at 704.295.3412 or by mail at 6035 Fairview Road, Charlotte, NC 28210. You also may write to the United States Secretary of the Department of Health and Human Services. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

This Notice of Privacy Practices applies only to care and treatment you receive at this facility. Terms defined in the HIPAA regulations will have the same meaning in this Notice. All of these healthcare providers are referred to as “we” in this Notice.

**Effective Date of the Notice: May 03, 2023**

## Notice of Nondiscrimination

SouthPark Surgery Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SouthPark Surgery Center does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SouthPark Surgery Center:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - o Qualified sign language interpreters
  - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - o Qualified interpreters
  - o Information written in other languages

If you believe that SouthPark Surgery Center has not provided these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Charlotte Eye Ear Nose & Throat Associates, P.A.  
Attn: Compliance Officer  
6035 Fairview Road  
Charlotte, NC 28210  
Fax 704.295.3215

You can file a grievance in person or by mail or fax. If you need help filing a grievance, our Compliance Officer is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services 200  
Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.