UNION CITY SURGERY CENTER
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 read it carefully.

Patient health information includes information about your symptoms, test results, diagnosis, treatment, and recovery. It also includes payment, billing, and insurance information. Under federal law, your patient health information is protected and confidential.

How we routinely use your Patient Health Information

We use and disclose your health information about you for treatment, to obtain payment for your care, and for center administrative and quality assurance purposes. For Example:

For Treatment: Nurses, physicians, and other members of your treatment team will record information in your record and use it to determine the most appropriate plan for your care. We may also disclose the information to other health care providers participating in your treatment, to pharmacists who are filling prescriptions for you, and to family members helping with your care.

To obtain payment: Some health plans require information before authorizing us to provide care for you. Insurance plans typically use certain health information to verify that you received the treatment billed.

For improving our care: We review records for completeness and assess quality of care and treatment outcomes.

We also may use your information to contact you with appointment times and reminders.

Other Uses and Disclosures

Subject to certain requirements, we're permitted to give out health information without your permission for the following purposes. We may:

- Be Required by law to report certain conditions, such as gunshot wounds and suspected abuse or neglect, or to report other information to law enforcement.
- Use or disclose information for approved medical research
- As required by law, disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities.
- Be required to disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.
- Disclose information in response to an appropriate subpoena or court order.

- Report information about deaths to coroners, medical examiners, funeral directors, and organ donation agencies.
- Use and disclose information when necessary to prevent a serious threat to you, another person, or the general public's health and safety and for national security purposes.
- Release information as required for military and special government functions, such as correctional facilities, when required by commanding officials.
- Release information about you for worker's compensation or similar programs providing benefits for work related injuries or illness.

In all situations except for routine use and other uses identified above, we will ask for your written authorization before using or disclosing any personally identifiable health information about you If you choose to sign such an authorization, you can later revoke it to stop any future uses and disclosures.

Your Rights Regarding Your Health Information

While your health record is the Center's physical property, the information it contains belongs to you. A copy of your health records is available upon request for you at a fee of $20. By law, we are not allowed to sell your health information or allow it to be used for marketing without obtaining your written permission. Under center policy, we refrain from such practices:

You have the right to:

- Request restrictions on certain uses and disclosures of your health information. If you paid in full out-of-pocket for a service we provided to you, you may request that we do not disclose information about your care to your health plan.
- Ask us to communicate to you confidentially by, for example, sending you notices to a special address or not using postcards to remind you of appointments.
- Request that we amend the information in your record, if you believe it is incorrect or incomplete.
- Request a report on all disclosures of your health information that we have made.

Please contact the person named at the end of this Notice to obtain the appropriate form to exercise these rights.

Our Responsibilities Regarding Your Medical Information
By law we are required to:

- Protect and maintain the privacy of your health information. We have duties to notify you should a security breach of your information occur.
- Provide you with this notice about our legal duties and privacy practices concerning protected health information.
- Abide by the terms of the notice currently in effect.

We may change our privacy policies at any time, but before we make a significant change to them, we will change our Notice and post the new one in the Center's waiting area. Each time you register at the Center for services, we will offer you a copy of the notice currently in effect, and, at any time, you can request a copy of the notice then in effect.

Complaints
If you are concerned that we have violated your privacy rights, or if you disagree with at decision we made about your records, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The Person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

Contact Person
If you have any questions, requests, or complaints, please contact:

Aby Morris, Administrator
1722 E. Reelfoot Ave, STE 1
Union City, TN 38261
(731) 885-0085

Effective date of notice: August 8, 2025