



Medford Surgery Center, LLC DBA
Shields Surgery Center Medford
170 Governors Avenue, Suite 100
Medford, MA 02155
Tel: 844-258-4458

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.

This Notice is being provided to you because federal law gives you the right to be informed about the following concerning your medical information, also referred to as “protected health information” or “health information”:

1. How we will handle your protected health information
2. Our legal obligations with respect to your protected health information
3. Your rights with regard to your protected health information

Uses and Disclosures for Treatment, Payment and Health Care Operations

We will generally only disclose medical information about you for purposes of treatment, payment or health care operations. Examples of these types of disclosures include, but are not limited to, the following:

- Disclosure of medical information for treatment purposes occurs when disclosing medical information by sending the results of any diagnostic test to the physician who ordered the test
- Disclosure of medical information for payment purposes occurs when we submit medical records and bills concerning your treatment to an insurer for payment
- Disclosure for healthcare operations purposes occurs when we perform activities such as quality assessment, quality improvement, training programs, credentialing, and clinical guidelines development

Patient Contact

We may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you.

Permitted Communications with Family Members.

Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency. We may also use or share your health information to notify a family member or other person thought to be responsible for you of your location, your general medical condition or death.

Other Permitted Uses and Disclosures of Protected Health Information.

We may use and/or share your protected health information with others for the following purposes without your specific permission as permitted by law:

- a. As required by state and federal laws and regulations
- b. Public health activities including required reports to public health and child protection authorities and to agencies such as cancer registries
- c. Health oversight activities
- d. Legal and administrative proceedings
- e. Law enforcement purposes under specific conditions
- f. To avert a serious threat to health or safety.
- g. As authorized by applicable workers compensation laws.



Medford Surgery Center, LLC DBA
Shields Surgery Center Medford
170 Governors Avenue, Suite 100
Medford, MA 02155
Tel: 844-258-4458

- h. Permissible public health, health care operations and research purposes involving limited identifiable orde-identified information.

Uses and Disclosures that Require Your Written Authorization.

If we desire or are requested to use or disclose your protected health information for other than the purposes listed above, we must first obtain your written permission. If you provide written permission for the use or disclosure of your protected health information, you may revoke such consent at any time in writing or, in certain cases verbally, except to the extent that providers have already acted upon your previously provided consent.

Your Health Information Rights

The health and billing records we maintain are the physical property of the affiliated surgery center that rendered medical treatment to you. You have the following rights with respect to your protected health information:

- a. Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office/facility—we are not required to grant the request but we will comply with any request granted
- b. Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our facility
- c. Right to inspect and copy your health record and billing record—you may exercise this right by delivering the request in writing to our facility or by using the form we provide to you upon request
- d. Right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our facility or by using the form we provide to you upon request. (Please note that we not required to make such amendments); you may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information
- e. Right to receive an accounting of disclosures of your health information made in the six years prior to the date on which the accounting is requested as required to be maintained by law by delivering a written request to our facility or by using the form we provide to you upon request. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request or disclosures made to family members or friends in the course of providing care
- f. Right to confidential communication by requesting that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office/hospital using the form we give you upon request

If you want to exercise any of the above rights please contact the surgery center in person or in writing, during normal hours. We will provide you with assistance on the steps to take to exercise your rights.

You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

Our Responsibilities

We are required to:

- Maintain the privacy of your health information as required by law
- Provide you with notice as to our duties and privacy practices as to the information we collect and



Medford Surgery Center, LLC DBA
Shields Surgery Center Medford
170 Governors Avenue, Suite 100
Medford, MA 02155
Tel: 844-258-4458

maintain about you

- Comply with the terms of this Notice
- Request that you sign an acknowledgement that you have received this notice
- Notify you if we cannot accommodate a requested restriction or request
- Accommodate your reasonable requests regarding methods to communicate health information with you
- Accommodate your request for an accounting of disclosures

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain without notification. If our information practices change we will amend this Notice. You are entitled to receive a revised copy of this Notice by calling and requesting a copy or by visiting the surgery center and picking up a copy. We will post a copy of the current notice in our affiliated providers admitting areas and on our website.

To Request Information or File a Complaint

If you have questions, would like additional information or want to report a problem regarding the handling of your information you may contact the surgery center in person or in writing. If you believe your privacy rights have been violated, you may file a written complaint by delivery to the surgery center Administrator. You may also file a complaint by mailing it to:

U.S. Department of Health and Human Services
Regional Manager
JFK Federal Building –Room 1875
Boston, MA 02203
Telephone: 617-565-1340

We will take no retaliatory action against you if you file a complaint about our privacy practices. We cannot, and will not require you to waive the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment from the surgery center or our affiliated providers.