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CITY PLACE SURGERY CENTER

NOTICE OF PATIENT INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.

CITY PLACE SURGERY CENTER'S LEGAL DUTY

City Place Surgery Center is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

City Place Surgery Center uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administration activities and evaluating the quality of care that we provide. For example, *City Place Surgery Center* may use your personal health information to contact you to provide appointment reminders or other health related information that could be of interest to you.

City Place Surgery Center may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situations, *City Place Surgery Center's* policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

City Place Surgery Center may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam areas and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment, or other related administrative purposes.

You may also request in writing that we not use or disclose your health information for treatment, payment, and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances *City Place Surgery Center* will consider all such requests on a case-by-case basis, but the practice is not legally required to accept them, unless disclosure is for a purpose other than treatment, and you have paid in full for the service. You have the right to be notified if a breach in the security of your Protected Health Information (PHI) occurs.

CONCERNS AND COMPLAINTS

If you are concerned that *City Place Surgery Center* may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice manager at the address listed below. You may also send or call in a complaint to the U.S. Department of Health and Human Services / 200 Independence Avenue SW / Washington, D.C. 20201. For further information on *City Place Surgery Center's* health information practices, or if you have a complaint, please contact:

**Privacy Officer- City Place Surgery Center
845 N. New Ballas Ct. Ste 100 / (314) 872-7100**