

**PRIVACY NOTICE**  
AUGUSTA UROLOGY SURGICENTER, LLC

**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.**

Each time you visit a healthcare provider a record of your visit is made which typically contains your symptoms, exam, test results, diagnoses, treatment, and a plan for future care or treatment. Among other things, this record serves as a means by which you or a third-party payer (insurance) can verify that services billed were actually provided. This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any written and oral health information about you, including demographic data that can be used to identify you.

**I. Uses and Disclosures of Protected Health Information**

Augusta Urology may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations.

**A. Treatment.** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose protected health information to physicians who may be treating you or consulting with a facility or hospital with respect to your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

**B. Payment.** Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurance company to get approval for the procedure that we have scheduled. We may also disclose patient information to another provider involved in your care for the other provider's payment activities. This may include disclosure of demographic information to anesthesia care providers for payment of their services.

**C. Operations.** We may use or disclose your protected health information, as necessary, for our own health care operations to facilitate the function of the Facility and to provide quality care to all patients. Health care operations include such activities as: quality assessment and improvement activities, employee review activities, training programs including those in which students, trainees, or practitioners in health care learn under supervision, accreditation, certification, licensing or credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs. We may also call you by name in the waiting room and contact you to remind you of an appointment or surgery date. Additionally, we will share your protected health information with third party "business associates" that perform various activities for the Practice (e.g. billing, transcription services, and durable medical equipment providers)

**POLICY REGARDING THE PROTECTION OF PERSONAL INFORMATION.** We create a record of the care and services you receive at the Facility. We need this record in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Facility, whether made by Facility personnel or by your personal doctor. The demographic information you provide to us will be entered into our patient management system which is shared over a hospital wide network. The law requires us to: make sure that medical information that identifies you is kept private; give this notice of our legal duties and privacy practices with respect to medical information about you; and to follow the terms of the notice that is currently in effect.

**II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object**

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

We will disclose your protected health information when we are required to do so by any federal, state or local law. Additionally, the Facility may release your health information to comply with worker's compensation laws or similar programs. If there are risks to public health, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight. We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. We may disclose your protected health information to a law enforcement official for law enforcement purposes such as when required by court order, in response to a subpoena, or in cases involving felony prosecutions, or to the extent an individual is in custody of law enforcement. We may disclose protected

health information to a coroner or medical examiner for identification purposes or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, in order to permit the funeral director to carry out their duties. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes. We may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board that has reviewed the research proposal and research protocols to address the privacy of your protected health information. We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public. In certain circumstances, federal regulations authorize the Facility to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

### **III. Uses and Disclosures Permitted without Authorization but with Opportunity to Object**

We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your surgery or payment related to your surgery. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

### **IV. Uses and Disclosures which you Authorize**

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

### **V. Your Rights**

You have the following rights regarding your health information:

**A. The right to inspect and copy your protected health information.** You may inspect and obtain a copy of your protected health information that your surgeon and the Facility use for making decisions about your care.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, you may have the right to have a decision to deny access reviewed.

We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision.

To inspect and copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the back page of this Privacy Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.

**B. The right to request a restriction on uses and disclosures of your protected health information.** You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Privacy Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

The Facility is not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If the Facility does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.

**C. The right to request to receive confidential communications from us by alternative means or at an alternative location.** You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other

method of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to our Privacy Officer.

**D. The right to request amendments to your protected health information.** You may request an amendment of protected health information about you for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Requests for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendments.

**E. The right to receive an accounting.** You have the right to request an accounting of certain disclosures of your protected health information made by the Facility. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Privacy Notice. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**F. The right to obtain a paper copy of this notice.** Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically.

## **VI. Our Duties**

The Facility is required by law to maintain the privacy of your health information and to provide you with this Privacy Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all future protected health information that we maintain. If the Facility changes its Notice, we will provide a copy of the revised Notice by sending a copy of the revised Notice via regular mail or through in-person contact.

## **VII. Complaints**

You have the right to express complaints to the Facility and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the Facility by contacting the Facility's Privacy Officer verbally or in writing, using the contact information below.

Privacy Officer  
Augusta Urology Surgicenter, LLC  
811 13<sup>th</sup> Street, Suite 17  
Augusta, Georgia 30901

Secretary of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue  
Washington, DC 20201

The Privacy Officer can be contacted by telephone at (706) 724-4111. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

## ***PATIENT RESPONSIBILITIES***

You, the patient, have the responsibility for providing an accurate and complete medical history. This includes present complaints, past illnesses, past surgical procedures, past hospitalizations, allergies, and all prescribed and over the counter medications.

You have the responsibility of being considerate of the rights and property of other patients and our personnel.

You have the responsibility to abide by our rules and regulations affecting patient care.

You are responsible for arriving on time for your appointments.

You have the responsibility for providing a responsible adult to drive you home following any urology procedure that requires sedation or anesthesia.

You have the responsibility for complying with the treatment plan or refusing treatment after the medical consequences have been explained.

You are responsible for making it known whether you clearly understand your plan of care and your role in the plan.

You are responsible for providing accurate information regarding your source of payment and promptly reporting any changes in address, telephone, and insurance information. Financial obligations for healthcare services are to be fulfilled prior to services rendered unless arrangements are made in advance with our financial office.



## **AUGUSTA UROLOGY SURGICENTER**

### **PATIENT BILL OF RIGHTS**

**No patient of this center shall be deprived of any rights, benefits, or privileges guaranteed by law. There will be no discrimination in provision of services based on race, color, national origin, sex, creed, age, handicap, religion or source of payment.**

**Courtesy, respect and dignity are a part of all patient interaction. We strive to provide a facility that is clean, comfortable, modern and safe.**

**The center will provide prompt, confidential, and convenient access to our health professionals. Our regular hours are posted and our physicians are available through the answering service.**

**The center shall attempt to safeguard personal items for its patients.**

**Every patient may expect to obtain from the physician complete and current information concerning his/her diagnosis, treatment and prognosis in terms and language they can understand.**

**Every patient shall be permitted to refuse medical treatment and to know the consequences of such action. The patient's refusal will free Augusta Urology Surgicenter and the physician(s) from the obligation to provide treatment.**

**The center shares patient's concerns regarding the escalation of health care cost. We make every effort to provide cost effective medical care. All patients will be informed of expected fees and payment policies for our services.**

**A patient shall be granted respect and privacy in his/her medical care. Case discussion, consultation, examination and treatment shall be confidential.**

**Employees shall not abuse or neglect a patient.**

**Our staff is sensitive to patient concerns and welcomes patient feedback during postoperative phone calls. Supervisory personnel are available for additional consultation if there are concerns.**

**This center shall not discriminate against any patient due to any complaint made**

**in good faith and without malice.**

**If you believe that your privacy rights have been violated, you have the right to express complaints to the facility and to the Secretary of Health and Human Services. A Representative may be reached through the Georgia Department of Human Resources • Office of Regulatory Services • Sharon E. Dougherty, Director • Health Care Section • Two Peachtree Street, NW • Suite 33-250 • Atlanta, Georgia 30303-3142 • 404-657-5700.**

**Resources for assistance with Medicare issues are to call 1 800 MEDICARE or go to the website for Medicare assistance at: [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)**

In order to protect your personal health and financial data, and as part of our federally-mandated Identity Theft Prevention Program, as of May 1, 2009, we are asking all of our patients to provide a photo ID or other proof of identity at registration.

Effective May 1, 2009 we are complying with The Fair and Accurate Credit Transactions Act of 2003 (FACTA), as amended in October of 2007, to include Red Flag and Address Discrepancy Requirements (Red Flag). The Red Flag rules are designed to protect consumers from identity theft.

Thank you for your cooperation.

## **Augusta Urology Surgicenter, L.L.C.**

Mark L. Cain, M.D.

Michael F. Green, M.D.

J. Douglas

Quarles, Jr., M.D.

Charles H. Coleman, Jr. M.D.

J. Benjamin Kay, III, M.D.

Richard B.

Sasnett, Jr. M.D.

Henry N. Goodwin, Jr., M.D.

Andrew M.

Strang, M.D.

### **Policy regarding Advanced Directives**

It is the policy of the Augusta Urology Surgicenter not to accept "Advance Directives". In the event of a medical emergency, you will be stabilized and transported as quickly as possible to the nearest hospital for evaluation.

If you need additional information on obtaining Advance Directives, you may call toll free 1-877-633-2433 or visit <http://www.critical-condition.org>

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Strang, M.D.

### **Disclosure of Ownership**

Augusta Urology Surgicenter is wholly owned and operated by the physicians of Augusta Urology Associates. Augusta Urology Associates include all of the above named physicians.

If you have questions about where your procedure is being performed please discuss this with your scheduler.

**AUGUSTA UROLOGY SURGICENTER, LLC**  
**811 13<sup>TH</sup> STREET, SUITE 17**  
**AUGUSTA, GA 30901**

To Whom It May Concern:

I, \_\_\_\_\_, am requesting that a copy of my medical records from the Augusta Urology Surgicenter be released to me or to my family member.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
date



**AUGUSTA UROLOGY SURGICENTER**

**Medication Reconciliation List**

**FORMCHECKBOX Latex Allergy**

**FORMCHECKBOX Food Allergy**

**Medication Allergies:**

Medication	Reaction	Medication	Reaction	Medication	Reaction

**Current Medications:**

<b>Patient to Complete</b>	<b>Nurse to Complete</b>
<small>Name of Medication Dosage (Amount taken) Route (How taken) Frequency (How often) Last Dose Continue Stop</small>	

**New Prescriptions: Nurse to Complete**

**Nurse Signature:**

**Physician Signature:** \_\_\_\_\_ **Date:**

**Please take this medication list to your next doctor's visit. It is recommended that you bring a list of your current medications to each medical appointment.**