

SIouxLAND 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.

Who We Are and Our Legal Obligations To You

You are coming to the Siouxland Surgery Center to receive medical care. Several different medical providers work together to provide you care at this facility, and, for this reason, the following providers are issuing this Notice of Privacy Practices jointly: the Siouxland Surgery Center Limited Partnership; S.S.C. Development, Inc., d/b/a Siouxland Surgery Center; the members of the board of directors of Siouxland Surgery Center; and in some cases, the medical staff of Siouxland Center; various medical directors of Siouxland of Siouxland Surgery Center; Siouxland Anesthesiology, Ltd.; Dunes Anesthesiology, P.C.; The Breast Care Center; Siouxland Radiology Partners, L.L.P.; and, Siouxland Pathology Associates, P.C. The Siouxland Surgery Center is the hospital where you are receiving care. Its board of directors consists of twelve (12) persons who manage and control the operations of this facility. The medical staff of Siouxland Surgery Center is composed of physicians who treat patients at the facility. Our medical directors are physicians who assist in the management of the facility. The Breast Care Center provides radiologist services to this facility. The Siouxland Radiology Partners, L.L.P. provides radiologist services to this facility. Siouxland Pathology Associated, P.C. provides pathology services to this facility.

We are all separate legal entities, and we are coming together only for the purpose of issuing this Notice of Privacy Practices jointly. Your treating physician is not typically a part of this joint issuance. Your physicians will ordinarily provide you with the Notice of Privacy Practices of the physician's practice, but, in a few situations, our physicians will be unable to provide you with this independent Notice of Privacy Practices and you will operate pursuant to this jointly issued Notice of Privacy Practices.

The law requires us to protect the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to this health information. This Notice of Privacy Practices outlines our legal obligations regarding your health information.

We are required to comply with terms of this Notice of Privacy Practices, effective April 14, 2003. We reserve the right to change the terms of this Notice of Privacy Practices and to make the new terms effective for all health information we possess. We will communicate any changes by providing you with a new copy of the Notice of Privacy Practices the next time you receive treatment at our facility after any such change.

How We May Use or Disclose Your Health Information

We collect health information from you and store it in a chart or on our computer system. This is your medical record. Although this record belongs to the Siouxland Surgery Center, the information in the record belongs to you. The law allows us to use or disclose your health information for the following purposes:

1. *For Treatment.* We may use your health information to provide you with medical treatment or services. For example, if you are receiving surgery at our facility, a surgeon may review your medical record and release medical information if it is necessary to provide you treatment, such as sending information to a laboratory to run tests on your behalf.
2. *For Payment.* We may use and disclose your health information for purposes of receiving payment for treatment and services that you receive. For example, we may send a bill for your services to your health insurance company, and this bill may contain certain information such as your name and the service we provided to you.
3. *For Health Care Operations.* We may use and disclose your health information for the operation of our facility. For example, we may disclose information to our medical staff or employees for training purposes, to evaluate performances, to assess the quality of care provided in our facility, and to determine how to improve the health care we provide.
4. *Exchange With each Other.* We, the providers issuing this joint notice, may share your health information with each other for the purpose of carrying out your treatment, the payment for your medical services, and our joint health care operations.
5. *Follow Up Contact.* We may use your health information to check on your recovery status after surgery and/or provide you with information regarding other treatment or treatment options.

