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.

WHAT IS THIS NOTICE AND WHY IT IS IMPORTANT

This notice is required by law to inform you of how your health information will be protected, how Fresno Surgical Hospital may use or disclose your health information, and about your rights regarding your health information. The Notice covers all persons who are employed by or otherwise provide you with care through our organization. If you have any questions about this notice, please contact Fresno Surgical Hospital's Privacy Officer at (559) 447-7272.

UNDERSTANDING YOUR HEALTH INFORMATION

Each time you visit a physician, healthcare provider or hospital, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal document of the care you receive
- Means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed
- Tool for educating health professionals
- Data source for medical research
- Source of information for public health authorities
- Source of data for planning facilities, marketing healthcare services, and fundraising
- Tool to facilitate routine health care
- Tool with which we can assess and work to improve the care we provide

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

YOUR HEALTH INFORMATION RIGHTS:

You have the following rights related to your medical and billing records kept by FSH:

Obtain a copy of this notice. You will receive a copy of this notice at your first visit after its publication. Thereafter you may request a copy of this notice or any revisions by calling the Health Information Department at (559) 447-7335.

Authorization to use your health information. Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.

Access to your health information. You may request a copy of your health information that Fresno Surgical Hospital keeps in your medical or billing record. Your request must be submitted in writing. We charge a nominal amount for the access costs.

Amend your health information. If you believe the information we have about you is incorrect or incomplete, you may request that we correct the existing information or add the missing information. Your request must be in writing and you may pick up a form for this purpose in the Health Information Management (Medical Records) Department. We reserve the right to accept or reject your request and will notify you of our decision.

Request confidential communications. You may request in writing that when we communicate with you about your health information, we do so in a specific way (e.g., at a certain mail address or phone number). We will make every reasonable effort to agree to your request.

Limit our use or disclosure of your health information. You may request in writing that we restrict the use or disclosure your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat you or collect payment for our services.

Accounting of disclosures. You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment, or healthcare operations. Disclosures that we make with your authorization will not be listed. The first list you request within a 12 month period will be free. We may charge you for additional lists.

OUR RESPONSIBILITIES

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and businesses associates, and provide this notice about our privacy practices.

We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice. The new notice will be posted in our admission areas and will be available at the information desk and in our medical records departments.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact one of our organizations at the numbers listed below.

If you believe we have not properly protected your privacy, have violated your privacy rights, or you disagree with a decision we have made about your rights, please contact:

Fresno Surgical Hospital's Privacy Officer at (559) 447-7272

You may also send a written complaint to the U.S. Department of Health and Human Services / Office of Civil Rights / Hubert H. Humphrey Bldg. / 200 Independence Avenue, S.W. / Room 509F HHH Building / Washington, DC 20201.

Fresno Surgical Hospital will ensure that you will not be penalized nor will the care you receive at our facilities be impacted if you file a complaint.

EXAMPLES OF USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

We will use your health information to facilitate your medical treatment. For example: Information obtained by a nurse, physician, or other members of your healthcare team will be recorded in your record and used to

determine the course of your medical treatment. We will provide your physician, or other healthcare providers involved with your treatment (e.g., specialists, consulting physicians, anesthesiologists, therapists, etc.) with copies of various reports that may assist them in treating you.

We will use your health information to collect payment for health care services that we provide. For example: A bill may be sent to you or your health insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. In some cases, information from your medical record is sent to your insurance company to explain the need for or provide additional information about your treatment. We may also disclose medical information to other health care providers to assist them in obtaining payment for services they have provided to you.

We will use your health information to facilitate routine healthcare operations. For example: Members of our medical staff or quality improvement teams may use information in your record to assess the care you have received and how your progress compares to others.

We will use your health information to notify your family and friends about your condition or in the event of your death. For example: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care on your general condition. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, relevant health information to facilitate the person's ability to assist in your care or make arrangements for payment of your care.

We may use your health information to inform persons about your death. For example: We may disclose health information to funeral directors, coroners, and medical examiners consistent with applicable law to carry out their duties.

EXAMPLES OF USES AND DISCLOSURES FOR OTHER PURPOSES

Appointment Reminders: We may contact you to provide appointment reminders.

Alternative Treatments: We may use your health information to provide you with information about the availability of alternative treatments that are within the range of options for your condition.

Directory Information: We may include your name, location within the facility, and general condition (e.g., fair, stable, critical) and your religious affiliation in our directory information. This information is used to assist persons who wish to visit you, deliver gifts, or inquire about your general condition. We will give you an opportunity to restrict this information.

Marketing: We may use your health information to inform you about our healthcare services, treatment alternatives or other health-related benefits and services that may be of interest to you. We may also inform you about commercial products or services when we think they would be of interest to you.

Research: We may contact you to request your participation in an authorized research study. In some cases, we may disclose your health information to researchers when an institutional review or privacy board has approved their research. Prior to giving any information, special procedures will be established to protect the privacy of your information.

Sign in Sheet: We may use and disclose medical information about you by having you sign in when you arrive at our facility. We may also call out your name when we are ready to see you.

Workers Compensation: We may disclose your health information to the extent authorized by and necessary to comply with laws relating to workers compensation or other similar programs established by law.

As Required by Law: We will use and disclose your health information to comply with state and federal laws, which include reporting abuse, neglect, or domestic violence, responding to judicial or administrative proceedings, complying with audits, responding to law enforcement officials, reporting health and safety threats, reporting to public health authorities or other federal agencies.

Organ Procurement Organizations: Should you be an organ or tissue donor, we may disclose your donor status and health information to organizations engaged in the procurement, banking, or transplantation of organs, consistent with applicable laws.

Device Manufacturers: If you receive a medical device that is implanted or which is used to for life support functions, we may disclose your name, address, and other information as required by law to the device manufacturer for tracking purposes. You may refuse to authorize the disclosure of your name and contact information.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include certain laboratory tests, patient satisfaction surveys, and the copy service we use when making copies of your health record. When these services are provided by contracted business associates, we may disclose the appropriate portions of your health information to our business associates so they can perform the job we have asked them. To protect your health information, however, we require all business associates sign a confidentiality agreement verifying they will appropriately safeguard your information.

SPECIAL SITUATIONS

Specialized government functions: We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

AFFILIATIONS: Fresno Surgical Hospital is affiliated with the following health care organizations in which the facility is a co-owner: Central California Endoscopy Center, FSCH Health, INC.