

**The Physicians' Surgery Center Lancaster General, LLC
2150 Harrisburg Pike
Lancaster, PA 17604**

PRIVACY NOTICE

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 Privacy Notice is being provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, as each may be amended from time to time (collectively, "HIPAA"). The Physicians' Surgery Center Lancaster General, LLC ("the Center") is dedicated to protecting your privacy, including the protected health information ("PHI") about you that we generate and maintain. This Privacy Notice describes how we may use and share your PHI, and your rights related to the PHI about you. As required by law, we must maintain the privacy of PHI, provide you with this Privacy Notice of our legal duties and privacy practices with respect to such information, and abide by the terms of this Privacy Notice.

I. Uses and Disclosures of PHI

The Center may use your PHI for different purposes, including providing treatment, obtaining payment for treatment, and conducting health care operations. For each of these categories, we have provided a description and examples. Your PHI may be used or disclosed only for these purposes unless the Center has obtained your authorization or the use or disclosure is otherwise permitted by HIPPA and by state law.

Disclosures of your PHI for the purposes described in this Privacy Notice may be made in writing, orally or by facsimile.

A. Treatment

We will use and disclose your PHI to provide, coordinate and/or manage your health care and any related services. This includes coordination or management of your health care with a

third party for treatment purposes. For example, and without limitation, we may disclose your PHI in the following situations:

- To members and representatives of the provider of professional anesthesia services at the Center for purposes of planning and providing anesthesia services to you.
- To other practitioners who may be treating you or consulting with the Center regarding your care.
- To a pharmacy to fill a prescription.
- To a laboratory to order a blood test or pathology exam of tissue removed during surgery (when relevant).
- If you require admission to a hospital following surgery, to the ambulance/transport service provider and/or to the hospital to which you are transported.
- In certain instances, to an outside treatment provider for the treatment activities of the outside provider.

B. Payment

Your PHI will be used, as needed, to obtain payment for the services we provide. For example, and without limitation, we may disclose your PHI in the following situations:

- To your insurance company to obtain prior approval for procedure(s).
- To your insurance company to determine whether you are eligible for benefits, whether a particular service is covered under your coverage, or to learn of the parameters of your coverage (e.g., co-payment and deductible).
- To your insurance company to demonstrate medical necessity of the services, or as required by your insurance company, for utilization review and similar activities.
- To another provider involved in your care for the other provider's payment activities. This may include disclosure of demographic information to the

professional anesthesia provider, a laboratory and others for payment of their services.

If federal or state law requires us to obtain a written release from you prior to disclosing PHI for payment purposes, we will ask you to sign a release.

C. Operations

We may use or disclose your PHI, as necessary, for our own health care operations to facilitate the Center's functions and to provide quality care to all patients. Health care operations include, without limitation, activities such as quality assessment, employee review, training programs (for students, trainees or certain practitioners), accreditation, licensure, certification, credentialing, internal reviews and audits, business management, financial reviews and audits, general administrative functions and compliance with certain reporting requirements (of government and other entities). We may disclose your PHI to certain vendors of supplies and devices to comply with reporting, registration or other similar requirements. In certain situations, we may also disclose PHI to another provider or health plan for their health care operations.

D. Other Uses and Disclosures

As part of treatment, payment and health care operations, we may also use or disclose your PHI for the following purposes: to remind you of your date of surgery, to inform you of the time to arrive at the Center, to inform you of certain preparations for your procedure(s) (e.g., what you may eat and when, medications to be taken, suggested clothing to wear, expected duration of stay at the Center, etc.), to inform you of health related benefits or services that may be of interest to you, to inquire about your condition after your procedure(s) and to inquire about your satisfaction with our services. We may also provide certain information about the status of your procedure(s) and your condition to the individual(s) who

accompany you to the Center or will be taking you home from the facility. In addition, we may leave a message on a home answering machine regarding certain of the matters noted above (e.g., preparations for your procedure). Furthermore, we may speak with an individual who answers the phone at your home regarding one or more of the matters noted above. For example, if you are not available, we may speak with an individual at your home regarding your condition after your procedure(s). If you do not wish for us to speak with anyone but you directly about any one or more of these matters, please contact our Privacy Officer.

Also note that the Center's preoperative and postoperative areas do not provide absolute patient privacy. Nevertheless, we will extend our best efforts to minimize the likelihood of revealing your PHI to other patients and individuals in these areas. For example, we will speak to you in the lowest reasonable voice, we will draw a curtain around the area you are occupying when this does not compromise clinical care and we will make reasonable efforts to restrict access to your medical record. If you do wish to be cared for in these areas, contact the Privacy Officer to explore alternative arrangements for your care.

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

Federal privacy rules permit us to use or disclose your PHI without your permission or authorization for a number of reasons including the following:

A. When Legally Required

We may disclose your PHI when we are required to do so by any federal, state, or local law. Such instances may include, without limitation, requests by you to review your own health information and requests by the Pennsylvania Department of Health.

B. When There Are Risks to Public Health

We may disclose your PHI for the following public activities and purposes:

- To prevent, control or report disease, injury or disability as permitted or required by law.
- To report vital events such as births or deaths as permitted or required by law.
- To conduct public health surveillance, investigations and interventions as permitted or required by law.
- To collect or report adverse events and products defects, track Food and Drug Administration (“FDA”) regulated products, enable products recalls, repair or replacements to the FDA, and to conduct post marketing surveillance.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease, as authorized by law.
- To report to an employer information about an individual who is a member of the workforce, as legally permitted or required.

C. To Report Suspected Abuse, Neglect or Domestic Violence

We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make the disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

D. To Conduct Health Oversight Activities

We may disclose your PHI to a health oversight agency for activities including audits, civil, administrative, or criminal investigations, proceeding(s) or actions, inspections licensure or disciplinary actions, or other activities necessary for appropriate oversight as authorized or required by law. We will not disclose your PHI under this authority if you are the subject of an investigation and such investigation does not arise out of and is

not directly related to your receipt of health care or public benefits.

E. In Connection with Judicial and Administrative Proceedings

We may disclose your PHI 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. In certain circumstances, we may disclose your PHI in response to a subpoena, to the extent authorized by state law, if we receive satisfactory assurances that you have been notified of the request or that an effort was made to secure a protective order.

F. For Law Enforcement Purposes

Under certain circumstances, we may release your PHI to assist law enforcement officials with their law enforcement duties. Examples of such circumstances include the following:

- As required by law for reporting of certain types of wounds or other physical injuries.
- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness, or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To law enforcement officials, if the Center has a suspicion that your health condition was the result of criminal conduct.
- In an emergency to report a crime.

G. To Coroners, Funeral Directors, and for Organ Donation

We may disclose PHI to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may use or disclose your PHI for purposes of

communicating to an organization involved in procuring, banking or transplanting organs and tissues.

H. For Research Purposes

We may use or disclose your PHI 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 PHI.

I. In the Event of a Serious Threat to Health and Safety

We may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious imminent threat to your health or safety or to the health and safety of the public.

J. For Specified Government Functions

In certain circumstances, federal regulations authorize the Center to use or disclose your PHI 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.

K. For Workers' Compensation

The Center may release your PHI to comply with workers' compensation laws or similar programs. For example, we may release your PHI to your employer if your employer requests such information and if you were cared for at the Center for a work related injury.

III. Uses and Disclosures Permitted Without Authorization but with the Opportunity to Object

We may disclose your PHI to your family member, close personal friend, or other person accompanying you to the Center if the information is directly relevant to the person's involvement in your care, your recovery or payment related to your care. We may 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 if 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 interest for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your PHI as described. For example and without limitation, if you are not fully conscious or fully recovered from anesthesia, we may discuss your post-procedure instructions with the family member or person taking your home from the Center. Similarly, if you require transport to a local hospital, we may notify the person accompanying you to the Center of this fact and the reasons for the hospital care. Notify the Privacy Officer if you wish to object to any of these types of disclosures.

IV. Uses and Disclosures You Authorize

Other than as stated above, we will not disclose your PHI without your written authorization, including certain marketing activities, sale of PHI, and disclosure of psychotherapy notes with some exceptions. 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 with regard to your PHI:

A. The Right to Inspect and Copy

With certain exceptions, you may inspect and obtain a copy of your PHI that is contained in a designated record set, for as long as we maintain the PHI, and you also have the right to receive this information in an electronic format, but only if it is contained in an Electronic Health Record ("EHR"). A

“designated record set” contains medical and billing records and any other records that your provider and the Center use for making decisions about you. Under federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or for use in, a civil, or criminal, or administrative action or proceeding; and PHI that is subject to a law that prohibits access to PHI.

We may deny your request to inspect or copy your PHI 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 references in the information. You have the right to request a review of this decision.

To inspect and/or copy your PHI, you must submit a written request to the Privacy Officer whose contact information provided in Article VIII hereof. If you request a copy of your PHI, we may charge you a reasonable fee for the costs of copying, mailing, and/or preparation of a summary or other expenses incurred by us in complying with your request. Please contact the Center’s Privacy Officer if you have any questions about access to your medical record.

B. The Right to Request a Restriction on Uses and Disclosures

You may ask us not to use or disclose certain parts of your PHI for purposes of treatment, payment or health care operations. You may also request that we do not disclose your PHI 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 may want the restriction to apply.

The Center is not required to agree to a restriction you may request except in the case in which the disclosure is to a health plan for purposes of carrying out payment or health care operation, and you request a restriction regarding a health care

item or service for which you have personally paid the health care provider out of pocket in full.

We will notify you if we deny your request to a restriction. If the Center does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency care. 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 an alternative manner or at an alternative location. 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 the basis of your request. To make such a request, you must submit your request in writing to the Center's Privacy Officer.

D. The Right to Request Amendments

You may request an amendment to your PHI in a designated record set for so long as we maintain this information. In order to request an amendment to your PHI, you must submit your request in writing to the Center's Privacy Officer, along with a description of the reason for your request.

In certain cases, we may deny your request for an amendment. For example, we may deny your request if the information you want to amend is accurate and complete or was not created by the Center. If we deny your request, we will inform you in writing and you have the right to file a statement of disagreement.

E. The Rights to Receive an Accounting

You have the right to request an accounting of certain disclosures of your PHI made by the Center. This right applies to disclosures for purposes other than treatment, payment or health care operations. We are also not required to account for disclosures you requested, disclosures you agreed to by signing an authorization form, disclosures to family members and others 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 and should specify the time period sought for the accounting.

You can request an accounting of disclosures made up to six years prior to the date of your request. We will provide a first accounting for your 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 paper copy of this Privacy Notice, even if you have already received a copy of the Privacy Notice or have agreed to accept this Privacy Notice electronically. You can always request a written copy of our most current version of this Privacy Notice from the Center's Privacy Officer. The current version of this Notice of Privacy Practices is also available on our website at: <http://psclg.com>.

VI. Our Duties

The Center is required by law to maintain the privacy of your PHI, to provide you with this Privacy Notice of our duties and privacy practices, and to notify affected individuals following a breach of unsecured PHI.

We must comply with the provisions of this Notice as currently in effect, although we reserve the right to change the terms of this Privacy Notice and to make the revised Privacy Notice effective for all future PHI we

maintain. If the Center amends this Privacy Notice, we will provide a copy of the revised Privacy Notice by either sending a copy of the revised Privacy Notice by regular mail or through in-person distribution.

VII. Complaints

You have the right to express complaints to the Center and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated.

You may contact the U.S. Department of Health and Human Services at:

Office for Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West
Suite 372, Public Ledger Building
Philadelphia, PA 19106-9111
Phone: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov

You may file a complaint with the Center by contacting the Center's Privacy Officer in writing, by using the contact information provided in Article VIII below. We encourage you to express any concerns you may have regarding the privacy of your PHI. We will not penalize you for filing a complaint.

VIII. Contact Persons

At any time, the Center may have one or two individuals who serve as our "Privacy Officer(s)". These/this individual(s) serve as the contacts for all issues regarding patient privacy and your rights under the federal privacy standards. To exercise any of the rights described in this Privacy Notice, for more information, or to file a complaint, please contact Center's Privacy Official(s):

Physicians' Surgery Center Lancaster General, LLC
2150 Harrisburg Pike

**Lancaster, PA 17604
Attn: Privacy Officer**

The Privacy Officer(s) may be contacted at (717) 735-3993.

IX. Effective Date

This Notice of Privacy Practices becomes effective on October 29, 2020 and replaces all earlier versions.