

**Tulsa Endoscopy Center L.L. C.**  
**4200 E. Skelly Drive, Suite 100**  
**Tulsa, OK 74135**

**HIPPA NOTICE OF PRIVACY PRACTICES**

The Tulsa Endoscopy Center is required to maintain the privacy of your health information and provide you with a notice of its legal duties and privacy practices. We call this information “protected health information” or “PHI”. The Tulsa Endoscopy Center and its professional staff are providing you with a joint notice with respect to services provided.

**What is a Notice or Privacy Practices?**

It is a formal document that describes how your medical information is used by our staff and disclosed to others. It also describes your privacy rights.

**Why Am I Provided This Document?**

We take great care in treating you and your information with respect and confidentially. A Federal law now requires us to notify you of our privacy practices in a more structured format.

**How is My Medical Information Used?**

- To plan your treatment
- To submit claims to your insurance
- To measure our quality of service

**Are There Circumstances Where My Information is Used Without My Permission?**

- Public health & other safety issues
- Requirements by State, Federal & Local law
- Certain types of research

**What Are My Rights Described in This Notice?**

- To review or copy your medical records
- To request an amendment to your medical information
- To receive an accounting of disclosures of your medical information
- To request a restriction in how we disclose your medical information
- To have us communicate with you in a certain way or at a certain location
- To make a complaint about a privacy issue
- To authorize other releases of your medical information

**Who Will Follow This Notice?**

All physicians and employees of the Tulsa Endoscopy Center

**Who Does This Notice Not Cover?**

Any independent physician practices or operations of health care and service providers that provide services independent of the Tulsa Endoscopy Center

**Our Pledge Regarding Medical Information**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive in our

center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care.

This notice will tell you about the ways in which we use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to protected medical information about you.
- Follow the terms of the notice that is currently in effect.

**How We May Use & Disclose Your Medical Information**

**For Treatment:**

We may use your PHI about you to provide you with medical treatment or services. Different departments of our facility also share medical information about you in order to coordinate your care.

**For Payment:**

We may use your PHI so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party.

**Appointment Reminders:**

We may use information such as your name, and your doctor’s name to contact you as reminder that you have a procedure.

**Treatment Alternative and Health Related Benefits & Services:**

We may use and disclose your PHI to tell you about or recommend possible treatment options or about health related benefits of services that may be of interest to you.

**Health Care Options:**

We may use your PHI during the routine healthcare operation of the Tulsa Endoscopy Center to include quality assurance, utilization review, auditing, credentialing, licensing and similar purposes.

**Individual Involved in Your Care or Payment for Your Care:**

We may release your PHI to a friend or a family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends of your condition. In addition, We may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research:**

Under certain circumstances, we may use and disclose PHI about you for research purposes. All research projects, however, are subject to special approval process.

**Also Required By Law:**

We will disclose PHI about you when required to do so by federal, state or local law.

**To Avert A Serious Threat to Health of Safety:**

We may disclose PHI about you when required to do so by federal, state or local law.

**SPECIAL SITUATIONS**

**Organ & Tissue Donations:**

If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans:**

If you are a member of the armed forces, we may release information to a foreign military authority, if you are in their service.

**Workers Compensation:**

We may release PHI about you for worker’s compensation or similar programs. This program provides benefits for work related injuries or illness. Release of such information is controlled by state and/or federal law.

**Public Health Risks:**

We may disclose PHI for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse or neglect
- To report vulnerable adult abuse
- To report reaction to medication or problems with products
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of domestic violence, abuse or neglect

**Health Oversight Activities:**

We may disclose PHI to a governmental health oversight agency, such as Medicare or Medicaid for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights law.

**Lawsuits and Disputes:**

If you are involved in a law suit or a dispute, we may disclose PHI about you in response to a subpoena, discovery request, or by other lawful process by someone else involved in the dispute, but only if efforts have been made by you about the request or to obtain an order protecting the information requested.

**Law Enforcement:**

We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- About the victim of a crime, if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- In emergency circumstances to report a crime, the location of a crime or victims; or the identity, description or location of the person who committed the crime

**Medical Examiners & Funeral Directors:**

We may release PHI to a medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about patients to funeral directors as necessary to carry out their duties.

**National Security & Intelligence Activities:**

We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protected Services for the President and Other:**

We may disclose PHI about you to authorized federal officials so that they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates:**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or enforcement official. This release would be necessary (1) for the practice to provide you with health care (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

**Other Uses of Medical Information:**

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI about you, you may revoke that permission in writing at any time. If you revoke your permission we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**Right to Inspect and Copy:**

You have the right to inspect and copy medical information that may be used to make a decision about your care. This includes medical and billing records, but does not include mental health notes.

To inspect and/or copy your medical information you must submit your request in writing to the receptionist in the Center. Please address this request to the location at which you were seen. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request.

**Right to Amend:**

If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our center.

To request an amendment, your request must be made in writing and submitted to the receptionist at the center. In addition, you must provide a reason that supports your amendment request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by our center
- Is not part of the information which you would be permitted to inspect and copy
- In our judgment it is accurate and complete as it appears or as it was at the time it was originally recorded

**Right to Accounting of Disclosures:**

You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of your medical information.

To request this list or accounting of disclosures, you must submit your request in writing to the receptionist in our center. Your request must state a time period which may not be longer than six years and may not include the dates before April 14, 2003. Your request should indicate in what form you want the list, for example, on paper, faxed or by email. The first list you request within each 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

**Right to Request Restrictions:**

You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or healthcare operations. However, we must receive your restriction in writing before we have made such disclosures. Also, if you restrict our right to use your PHI for treatment, payment, or health operations, we may have to discontinue providing services to you.

You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or friend. For example, you could ask that we not disclose information about a surgery or a procedure to your family.

We are not required to agree to your restrictions. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to the receptionist in the center. In your request restriction, you must tell us (1) what information you want to limit (2) whether you want to limit our use, disclosure, or both: and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications:**

You have a right to request that we communicate with you about your medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, at home, by mail, by phone, or by e-mail.

To request confidential communication, you must make your request in writing to the center where you were treated. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice:**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in our center.

**COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with the center, addressed to the Privacy Officer:

Tulsa Endoscopy Center  
 Privacy Officer  
 4200 E Skelly Drive, Suite 100  
 Tulsa, OK 74135

Or at: HIPAA Complaint  
 U.S. Dept. of Health and Human Services  
 7500 Security Blvd. C5-24-04  
 Baltimore, MD 21244

All complaints must be submitted in writing.  
 You will not be penalized for filing a complaint.