NOTICE OF PRIVACY PRACTICES

This Notice is effective 7/24/2026 and replaces all earlier versions.

I. Our organization is committed to protecting health information about you. We create a record of the health care and service you receive at ***Surgery Center of Lynchburg*** for use in your care and treatment. 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 relating to services provided in the hospitals, outpatient and ambulatory care centers and other facilities that comprise the ***Surgery Center of Lynchburg***, as well as the physicians and other health care professionals who provide services within those entities. If your personal health care provider (provider) is not an employee of ***Surgery Center of Lynchburg***, then your provider may have different policies or Notices regarding how information maintained by the provider's office or clinic is used or disclosed about you.

We are required by law to:

- **Make sure that your health information is protected;**
- **Give you this Notice describing our legal duties to protect your privacy;**
- **Follow the terms of the Notice that is currently in effect; and**
- **Notify you in the event of a breach of your unsecured protected health information (PHI) as required by law.**

You have a right to receive a copy of and discuss this Notice with our Privacy Office..

II. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU:

The following sections describe ways that an entity may use and disclose your protected health information. For each category of uses or disclosures, we will describe them and give some examples. Some information, such as genetic information, certain drug and alcohol information, HIV information and mental health information may be entitled to special restrictions by state and federal laws. We abide by all applicable state and federal laws related to the protection of this information. Not every use or disclosure will be listed; however, all the ways we are permitted to use and disclose information will fall within one of the following categories.

A. For Treatment - We may use protected health information about you to provide you with treatment or services. We may disclose your health information with other professionals involved in your care, agencies, or facilities not affiliated with ***Surgery Center of Lynchburg*** to provide or coordinate the different things you need, such as prescriptions, lab work, and X-rays. We may disclose this information with people who are involved in taking care of you. We may contact you to provide appointment reminders, obtain patient registration information, information about treatment alternatives or other health-related benefits and services that may be of interest to you or to follow up on your care.

B. For Payment - We may use and disclose your protected health information for billing and payment activities of ***Surgery Center of Lynchburg*** and others involved in your care, such as an ambulance company. For example, we may use and disclose information so that ***Surgery Center of Lynchburg*** or others involved in your care can obtain payment from you, an insurance company or another third party. We may also tell your health insurance company about a treatment you need to obtain for prior approval or check if your insurance will pay for the treatment.

C. For Healthcare Operations - We may use and disclose your health information for our health care operations, which are various activities necessary to run our business, provide quality health care services and contact you when necessary.

We may disclose your protected health information to medical or nursing students and other trainees for review and learning purposes

D. Health Information Exchange (HIE) We may participate in an electronic Health Information Exchange ("HIE") to facilitate the sharing of your protected health information for treatment purposes. An HIE is a network in which providers participate in exchanging patient information in order to facilitate health care.

E. Business Associates and Service Providers: We may disclose your protected health information with third parties referred to as "Business Associates". Business Associates provide various services to or for Surgery Center of Lynchburg**.** Examples include billing services, transcription services and legal services. We ensure that all Business Associates and service providers, regardless of their location, are obligated to protect your PHI in accordance with U.S. and international laws, including the Health Insurance Portability and Accountability Act (HIPAA). These measures include implementing appropriate safeguards to protect the privacy and security of your information.

F. Required by *Law* – We will disclose protected health information about you when required to do so by federal, state, and/or local law. This includes, however, is not limited to, disclosures to mandated patient registries, including reporting adverse events with medical devices, food, or prescriptions drugs to the Food and Drug Administration. We may also disclose protected health information to health oversight agencies for activities authorized by law. This includes but is not limited to the U.S. Department of Health and Human Services, accrediting agencies, auditors, and public health activities when preventing disease, helping with product recalls and reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence. We may also disclose health information for law enforcement purposes as required by law or in response to a valid subpoena, summons, court order or similar purpose.

G. Research: We may use and disclose your protected health information for certain research purposes in compliance with the requirements of applicable. federal and state laws. All research projects, however, are subject to a special approval process, which establishes protocols to ensure that your protected health information will continue to be protected, when required, we will obtain a written authorization from you prior to using or disclosing your protected health information for research.

H. Substance Use Disorder (SUD) Treatment Information: If we receive or maintain any information about you form a SUD treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general written consent you provide to the Part 2 Program to use and disclose the SUD record for purposes of treatment, payment or health care operations, we may use and disclose your SUD records for treatment, payment or health care operations as described in this Notice. If we receive or maintain your SUD record through specific consent you provide us or another third party, we will use and disclose your SUD record only as expressly permitted by you in your written consent as provided to us.

In no event will we use or disclose your SUD record, or testimony that describes the information contained in your SUD record, in any civil, criminal, administrative or legislative proceedings by any Federal, State or local authority against you, unless authorized by your consent or court order (after you are notified of the court order).

I. Facility Directories (Hospital Inpatients only) - Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care (for example: room number or emergency room) and your general condition. The directory information may be released to people who ask for your name so your family, friends and clergy may visit you in the hospital and generally know how you are doing.

J. Individuals Involved in Your Care or Payment for your care: Unless you tell us not to, we will disclose your health information with anyone involved in your health care, such as a friend, family member or any individual you identify. If you are unable to agree or object, for example, if you are not present or are unconscious, we may disclose protected health information as necessary if we determine that it is in your best interest based on our professional judgment. Additionally, we may disclose information about you to your legal representative.

K. Legal Proceedings, Lawsuits and Other Legal Actions: We may disclose protected health information about you to courts, attorneys, court employees and others when we receive a court order, subpoena, discovery request, warrant, summons or other lawful instructions. We may also disclose information about you to ***Surgery Center of Lynchburg*** attorneys and/or attorneys working on the behalf of ***Surgery Center of Lynchburg*** to defend ourselves against a lawsuit or action brought against us. We may disclose your protected health information to the police or other law enforcement officials to report or prevent a crime as otherwise required or permitted by law.

L. Fundraising Activities – We may contact you to raise funds and provide information about ***Surgery Center of Lynchburg*** activities, including fundraising programs and events. You may request to "opt-out" of fundraising communications if you do not wish to be contacted. Please call ***434-947-7700*** to leave a message identifying yourself and stating that you wish to opt out.

M. We may use and disclose your protected health information in the following special situations:

- **Disaster Relief -** We may use or disclose your health information with an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
- **Coroners, Funeral Directors, and Organ Donation:** We may disclose health information about you with organ procurement organizations. We may also disclose health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Workers' Compensation and Other Government requests:** We may use or disclose health information about you for workers' compensation claims
- **National Security and Intelligence Activities**
- **Military:** If you are a member of the armed forces, domestic (United States) or foreign; we may disclose protected health information about you to the military authorities as authorized or required by law.
- **Protective Services for the President of the United State and Others:** We may disclose protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities as required by law.

N. Artificial Intelligence or AI: We may utilize AI technology to support operational decisions and recommendations about your treatment or care, including but not limited to documenting care, supporting clinical assessments, treatment recommendations, creating a care plan, and billing. AI technology may use your information to train and improve AI technology's functionality. AI technology partners (Business Associates) are required to keep your information confidential.

O. (If Applicable) Sharing Information within an OHCA: We maintain our Designated Record Set through the use of an electronic health record ("EHR"). Through this EHR, your medical information is combined with that of other health care providers or "Covered Entities" that participate
in the EHR (each, a "Participating Covered Entity" and collectively, the "Participating Covered Entities"), such that each of our patients,
including you, have a single, longitudinal health record with respect to all services provided by the Participating Covered Entities. Through
the EHR, the Participating Covered Entities have formed one or more organized systems of health care in which the Participating Covered Entities participate in joint utilization review and/or quality assurance activities, and as such qualify to participate in Organized Health Care
Arrangement(s) ("OHCA(s)"). As OHCA participants, all Participating Covered Entities, including us, may use and disclose the protected
health information contained within the EHR for the Treatment, Payment and Health Care Operations purposes of each of the OHCA participants.

III. YOU HAVE THE RIGHT TO ACCESS YOUR PROTECTED HEALTH INFORMATION BY CONTACTING THE LOCATION WHERE YOU RECEIVED YOUR CARE OR BY CALLING THIS NUMBER AT THE END OF THIS NOTICE.

In addition to your rights as a patient, we also ask that you respect the rights of other patients by not discussing any information you may see or hear while receiving services in our facilities.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU.

You have the following rights regarding protected health information we maintain about you:

A. **Right to Inspect and obtain an Electronic or Paper Copy of your Protected health Information** – With certain exceptions, you have the right to inspect and/or receive an electronic or paper copy of your protected health and billing

records and other health information used by us to make decisions about your care. You may request that we send a copy of your protected health information to a third party. To inspect and/or receive a copy of your protected health records we request you submit a request in writing to your ***Surgery Center of Lynchburg*** provider or the appropriate health information department. If you request a copy of your protected health records, we may charge you a reasonable cost-based fee for the cost of providing you with the copies. Under certain circumstances, we may deny your request to inspect or copy your records. If we deny your request, we will explain the reasons to you and in most cases, you may have the denial reviewed.

B. **Right to Request an Amendment -** You may request that we amend health information about you that you think is incorrect or incomplete. You may ask us to correct the information if the information is kept by or for ***Surgery Center of Lynchburg*** in your protected health and billing records. To request an amendment, your request must be submitted in writing to the Surgery Center of Lynchburg Privacy Office and provide the reasons for the request. If we agree to your request, we will amend your record(s) and notify you of such. In certain circumstances, we cannot remove what was in the record(s), however we may add supplemental information to clarify. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

C. **Right to an Accounting of Disclosures –** You have a right to receive a list of certain disclosures we have made of your protected health information in the six (6) years prior to the date of your request. To request an accounting of disclosures, you must submit your request in writing to the Surgery Center of Lynchburg Privacy Office. You must state the time period for which you want to receive the accounting, which may not date back more than six years from the date of your request. The first accounting you receive in a 12-month period will be free. We may charge you for responding to additional requests in that same time period.

D. **Right to Request Restriction** – You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You alone have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. If we agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment, or we are required by law to disclose it. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations of the health plan, and the information pertains solely to a protected health item or service for which you have paid out-of-pocket <u>in full</u>. To request a restriction, you must make your request to the ***Surgery Center of Lynchburg*** Privacy Office and 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, i.e. disclosures to your spouse. We are allowed to end the restriction if we tell you. If we end the restriction, it will only affect the protected health information that was created or received after we notify you.

E. **Right to a Paper Copy of This Notice** – You have the right to have a paper copy of this notice at any time, even if you have previously agreed to receive a copy of this Notice electronically. Copies of this Notice are available at ***Surgery Center of Lynchburg*** facilities, on our website, or by contacting the ***Surgery Center of Lynchburg*** Privacy Office as shown below.

F. **Right to Choose Someone to Act for You** – If you have given someone healthcare power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information. We will verify that the person has this authority and can act for you before we take action or disclose information.

IV. Uses of Medical Information Requiring Authorization

A. **Psychotherapy Notes** - We must obtain your written permission to disclose psychotherapy notes except in certain circumstances. For example, written permission is not required for use of those notes by the author of the notes with respect to your treatment or use or disclosure by us for training of mental health practitioners, or to defend ***Surgery Center of Lynchburg*** in a legal action brought by you.

B. **Marketing** - We must obtain your written permission to use or disclose your medical information for marketing purposes except in certain circumstances. For example, written permission is not required for face-to-face encounters involving marketing, or where we are providing a gift of nominal value (example: a coffee mug), or a communication about our own services or products (example: we may send you a postcard announcing the arrival of a new surgeon or x-ray machine).

C. **Sale of Medical Information** - We must obtain your written permission to disclose your medical information in exchange for remuneration.

D. **Other Uses and Disclosures** - Other uses and disclosures of your medical information not covered by the categories included in this Notice or applicable laws, rules or regulations will be made only with your written permission or authorization. If you provide us with such written permission, you may revoke it at any time. We are not able to take back any uses or disclosures that we already made with your authorization. We are required to retain your medical information regarding the care and treatment that we provide to you.

V. CHANGES TO THIS NOTICE - We reserve the right to change this Notice and *Surgery Center of Lynchburg* privacy practices. We reserve the right to make the revised or changed Notice effective for protected health information we already have about you as well as any information we receive in the future. The new notice will be available upon request and on our web site. This Notice will specify the effective date of this Notice.

VI. QUESTIONS/COMPLAINTS - If you believe your privacy rights have been violated, you may file a complaint with *Surgery Center of Lynchburg* or with *Surgery Center of Lynchburg* Privacy Officer. You will not be retaliated against for filing a complaint.

Or with **the Secretary of the Department of Health and Human Services:**

U.S. Dept. of Health and Human Services
Office for Civil Rights
2000 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775