

## JOINT NOTICE OF PRIVACY PRACTICES OF SYNOVATION ACE

224 N. Fair Oaks Avenue Suite 300 Pasadena, CA 91103

201 S. Biscayne Boulevard Suite 710 Miami, FL 33131

HIPAA Privacy and Security Officer: (626)696-1413 • Medical Records: (909)493-3800

**Effective Date:** 07-01-2021

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.**

**Joint Notice of Privacy Practices.** This Joint Notice of Privacy Practices describes the privacy practices of following healthcare providers (collectively “Synovation ACE” as affiliated covered entities):

Name	DBA	Service Area(s)
Algos, Inc., a Medical Corporation	Synovation Medical Group	State of California
East Valley Pain Center, P.C.	Synovation Medical Group	State of Arizona
Synovation Medical Group Texas, PLLC	NA	State of Texas
Anesthesia Provider Group, Inc.	NA	State of California
Azusa Surgery Center LLC	NA	Azusa, California
Mid Valley Surgery Center LLC	NA	Ontario, California
Pasadena Surgery Center Inc.	NA	Pasadena, California
Stellar Surgical Specialties, Inc.	NA	Rancho Mirage, California
Surgery Center of San Diego LLC	NA	San Diego, California
	NA	
	NA	

**Our Responsibilities.** Synovation ACE is required by the Health Insurance Portability and Accountability Act (“HIPAA”) and other applicable laws to maintain the privacy and security of your Protected Health Information (“PHI”). We will promptly inform you if a breach occurs that may have compromised the privacy or security of your PHI. We must follow the duties and privacy practices described in, and give you a copy of, this notice. We will not use or disclose your information other than as described here unless you authorize us in writing. For more information, please visit [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Our Uses and Disclosures.** We typically use or disclose your health information in the following ways:

1. **Treatment.** We may use and disclose your PHI for treatment purposes and share it with other healthcare providers (within Synovation ACE or otherwise) treating you. For example, a specialist physician treating you may provide your PHI to the referring primary care physician. If you participate in telehealth, your PHI will be transmitted electronically to facilitate the virtual encounter.
2. **Payment.** We may use and disclose your PHI to bill and get paid for our services. For example, we may give information about your treatment to your insurance to collect payment for the treatment.
3. **Healthcare Operations.** We may use and disclose PHI to operate our practice and/or facility. For example, we may use your PHI to manage your care and improve the quality of our services. We may contact you to remind you of an appointment or to inform you of treatment alternatives or other benefits and services. PHI may be disclosed to business associates that provide services to us if the PHI is necessary for their services.

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**Other Uses and Disclosures.** We are allowed—and may be required—to share your PHI in other ways. For more information, visit <http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

1. **Public Health and Safety.** PHI may be shared as necessary to help prevent or reduce a serious threat to anyone's health or safety. PHI may be also shared to (i) prevent, and notify persons who may have been exposed to, disease; (ii) report vital events; (iii) report suspected abuse, neglect, or domestic violence (including child abuse/neglect); (v) report adverse reactions to medications; and (vi) help with product recalls.
2. **Health Oversight Activities and Workers' Compensation.** PHI may be disclosed to a health oversight agency as authorized by law. PHI may be disclosed for workers' compensation claims.
3. **Law Enforcement.** PHI may be disclosed to a law enforcement official or as required or permitted by law or in compliance with a court order or a grand jury subpoena. Such disclosures include (i) reporting a crime on our premises; (ii) helping identify or locate a suspect, fugitive, material witness, or missing person; (iii) reporting a death we suspect may be caused by a crime; and (iv) reporting the occurrence, location, and victim of a crime in case of an emergency.
4. **Required by Law.** PHI must be shared if required by federal or state law. The Department of Health and Human Services may require us to share your PHI to verify our compliance with federal privacy laws.
5. **Legal Actions.** If you are involved in a lawsuit, PHI may be disclosed in response to (i) a subpoena or other lawful process by someone involved in the lawsuit, but only if efforts have been made to inform you of the request or obtain an order protecting the PHI requested; or (ii) a court or administrative order.
6. **Merger or Acquisition.** PHI may be disclosed as part of a business transaction such as a merger or acquisition.
7. **Research.** PHI may be used and disclosed in the conduct of research studies that went through a special approval process to protect patient safety and confidentiality; however, prior to the approval process, researchers may be allowed to access limited data to identify patients who may be included in the study as long as the PHI is neither copied nor removed. After receiving approval, researchers may contact you regarding your interest in participating in the study. You become part of the study only if you agree to join. We may use a third-party Electronic Health Record ("EHR") Provider and participate in the EHR Provider's research network. As permitted by HIPAA and as provided under our agreement with the EHR Provider, the EHR Provider and its contractors may use de-identified patient information and aggregated data for purposes of research, public health, or healthcare operations or any purpose for which patient authorization is obtained.
8. **Coroners, Medical Examiners, and Funeral Directors.** PHI may be disclosed to a coroner, medical examiner, or funeral director as necessary for their duties. HIPAA protects a decedent's PHI for fifty (50) years after the person's death.
9. **Organ Donation.** PHI of organ donors may be disclosed to organ procurement organizations.

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10. Inmates. If you are an inmate of a correctional institution or in the custody of a law enforcement officer, your PHI may be disclosed to the institution or the officer as permitted or required by law.
11. Special Government Functions. PHI may be disclosed to federal officials for (i) national security activities; and (ii) the protection of the President or other heads of state. If you are/were a member of the armed forces, your PHI may be disclosed to military authorities as permitted or required by law.

**Your Choices**. Unless you object, (i) a family member, friend, or other person involved in your care or the payment for your care may receive PHI that relates to their involvement; and (ii) disaster relief organizations may receive PHI to coordinate your care or to notify your family and friends of your location or condition in case of a disaster. If you are unable to tell us your preference (ex. you are unconscious), we may share your PHI if we believe it is in your best interest. We may contact you for fundraising efforts, but you can tell us not to contact you again.

**Uses and Disclosures that Require Written Authorization**. Except as otherwise permitted by law, the following uses and disclosures require your written authorization: (i) marketing; (ii) sale of your PHI; and (iii) most disclosures of psychotherapy notes. Furthermore, not every use or disclosure of your PHI is listed on this notice. Uses and disclosures of PHI not described above require your written authorization. You may revoke your authorization at any time by submitting a written revocation to us. A revocation will not affect prior uses and disclosures made in reliance on your authorization.

### **Your Rights**.

1. Right to Inspect and Copy. You have the right to inspect and receive a paper or electronic copy of your PHI—other than (i) psychotherapy notes; and (ii) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. You may ask our Medical Records Department how to do this. A copy or summary of your PHI will be made available within thirty (30) days (or fewer as required by state law) of your written request. We may charge you a reasonable, cost-based fee. A fee will not be charged if the PHI is needed to claim Social Security benefits or other state or federal needs-based benefits. Requests may be denied in certain circumstances, but you may have the denial reviewed except in circumstances designated by applicable law and/or regulation as unreviewable.
2. Right to Request an Amendment. To correct your PHI, you must send us a written request. Your request may be denied. You will be informed of the denial within sixty (60) days of your request.
3. Right to Accounting Disclosures. You have the right to request a list of times we disclosed your PHI except for treatment, payment, or operational disclosures and disclosures you authorized. The list can only go back six (6) years prior to the date of your request. To get such a list, you must send a written request to our Medical Records Department. We provide one (1) free accounting a year but charge a reasonable, cost-based fee for a list provided within twelve (12) months of a prior list.
4. Right to Request Confidential Communications. You may ask us to contact you in a specific way (ex. home or work phone) or to send mail to another address. We will accommodate all reasonable requests.

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- 5. **Right to Request Restrictions.** You may ask us in writing to restrict the use or disclosure of your PHI for treatment, payment, or healthcare operations. We are not required to approve the request, and we may deny the request if it would affect your care. If you ask us to restrict the use and disclosure of your PHI to a health plan and such PHI pertains solely to a healthcare item or service for which you have paid out-of-pocket in full, we will comply with the restriction unless a law requires us to share the PHI.
- 6. **Right to Representation.** If you have a medical attorney-in-fact, legal guardian, or (if you are a minor) parent, such person can exercise your rights and make choices regarding your PHI. We verify any claim of authority to act on another’s behalf.
- 7. **Right to a Paper Copy of this Notice.** You may ask for a paper copy of this notice at any time, even if you agreed to receive this notice electronically. We will promptly provide you with a paper copy.

**Changes to this Notice.** We can change the terms of this notice, and the changes will apply to all PHI we have about you. The new notice will be posted in our office and at the following websites:

www.synovationmedicalgroup.com; www.azusasurgerycenter.com ; www.midvalleysurgerycenter.com ;  
www.thepasadenasurgerycenter.com ; www.stellarsurgery.com ; \_\_\_\_\_ ;  
 \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ ;  
 \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ .

**For More Information or to Report a Problem.** You may contact us for additional information. If you believe your right has been violated, you can file a complaint with either our HIPAA Privacy and Security Officer or the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

HIPAA Privacy and Security Officer  
 Damian Dyer  
 224 N. Fair Oaks Avenue, Suite 300  
 Pasadena, CA 91103  
 Phone: (626)696-1413

Medical Records Department  
 10565 Civic Center Drive Suite 250  
 Rancho Cucamonga, CA 91730  
 Phone: (909)493-3800  
 Fax: (909)204-7867

Office for Civil Rights  
 200 Independence Avenue, S.W.  
 Washington, D.C. 20201  
 Phone: (877)696-6775  
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>