

## SECTION 270 FORMS

### 270.001 NOTICE OF PRIVACY PRACTICES

#### ARIZONA ADVANCED SURGERY NOTICE OF HIPAA PRIVACY PRACTICES

This notice of HIPAA Privacy Practices describes how your health information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires us to ask each of our patients to acknowledge receipt of our Notice of HIPAA Privacy Practices. The Notice is published on our website and available at our office. You can receive a copy of the Notice by asking for one at our office or by printing one from our website at any time.

#### OUR RESPONSIBILITIES

Under HIPAA, we must take steps to protect the privacy of your "Protected Health Information" ("PHI"). PHI includes information that we have created or received regarding your health or payment for your health. It includes your medical records and personal information such as your name, social security number, financial information, address, and phone number.

Under federal law, we are required to:

- Protect the privacy of your PHI. All of our employees and providers are required to maintain the confidentiality of PHI and receive appropriate privacy training,
- Provide you with this Notice of Privacy Practices explaining our duties and practices regarding your PHI,
- Notify you in the case of a breach of unsecured PHI, and
- Follow the practices and procedures outlined in this Notice.

#### Uses and Disclosures of Your Protected Health Information That Do Not Require Your Authorization

We use and disclose PHI in several ways connected to your treatment, payment for your care, and our healthcare operations. Some examples of how we may use or disclose your PHI without your authorization are listed below.

- Treatment
  - To our physicians, nurses, and others involved in your healthcare or preventive healthcare.
  - To our different departments to coordinate treatment-related activities, such as prescriptions, lab work, and X-rays.
  - To other healthcare providers treating you who are not on our staff, such as dentists, emergency room staff, specialists, and other providers. For example (and without limitation), if you are being treated for an injured knee, we may share your PHI among your primary care provider, the knee specialist, and your physical therapist, among others, so they can provide proper care.
- Payment
  - To administer your health benefits policy or contract.
  - To bill you for the healthcare we provide.
  - To pay others who provided care to you.
  - To other organizations and providers for payment activities unless disclosure is prohibited by law.
- Healthcare Operations
  - To administer and support our business activities or other healthcare organizations (as allowed by law), including providers and plans. For example (and without limitation), we may use your PHI to conduct quality analysis, data aggregation, review and improve our services and the care you receive and provide training.
  - To other individuals (such as consultants and attorneys) and other companies and organizations that help us with our business activities. (Note: If we share your PHI with other organizations for this purpose, they must agree to protect your privacy.)

- We may use or disclose your PHI without your authorization for legal and/or governmental purposes in the following circumstances:
  - As required by law - When we are required by laws, including workers' compensation laws.
  - Public health and safety - To an authorized public health authority or individual to:
    - Protect public health and safety.
    - Prevent or control disease, injury, or disability.
    - Report vital statistics such as births or deaths.
    - Investigate or track problems with prescription drugs and medical devices.
  - Abuse or neglect - To government entities authorized to receive reports regarding abuse, neglect, or domestic violence.
  - Minors - In general, parents and legal guardians are legal representatives of minor patients. However, in certain circumstances, minors can act on their behalf and consent to their treatment as dictated by state law. In general, we will share the PHI of a patient who is a minor with the minor's parents or guardians, unless the minor could have consented to the care themselves (except where parental disclosure may be required per the applicable law).
  - Oversight agencies - To health oversight agencies for certain activities such as audits, examinations, investigations, inspections, and licensures.
  - Legal proceedings - In the course of any legal proceeding or response to a court or administrative agency's order and response to a subpoena, discovery request, or other lawful processes.
  - Law enforcement - To law enforcement officials in certain circumstances for law enforcement purposes. By way of example and without limitation, disclosures may be made to identify or locate a suspect, witness, or missing person; to report a crime; or provide information concerning crimes victims.
  - Health Information Exchanges - We may participate in health information exchanges (HIEs). We may electronically share your medical information for treatment, payment, and healthcare operations purposes with other participants in the HIEs. HIEs allow us and your other healthcare providers and organizations to efficiently share and better use information necessary for your treatment and other lawful purposes. In some states, the inclusion of your medical information in an HIE is voluntary and subject to your right to opt-in or opt-out; if you choose to opt-in or not to opt-out, we may provide your medical information under applicable law to the HIEs in which we participate.
  - Financial information - We may ask you about income or other financial information to determine if you may qualify for a low-income waiver of the membership fee or other services where applicable. We may use this information for operations, marketing, and administrative purposes and improve our service offerings.
  - Research - We may disclose health information about you for research purposes, subject to state and federal law's confidentiality provisions. In most cases, we will ask for your written authorization before using your PHI or sharing it with others to conduct research. However, under some circumstances, we may use and disclose your PHI without your written authorization if an Institutional Review Board (IRB), applying specific criteria, determines that the particular research protocol poses minimal risk to your privacy. However, under no circumstances would we allow researchers to use your name or identity without your authorization publicly. We may release your PHI without your written authorization to people who are preparing a future research project as long as any information identifying you does not leave our organization. Enrollment in a research study is completely voluntary, will not affect your treatment or welfare, and your PHI will continue to be protected.
  - Military activity and national security - To the military and authorized federal officials for national security and intelligence purposes, to the Department of Veterans Affairs as required by military authorities, or in connection with providing protective services to the President of the United States.
- We may also use or disclose your PHI without your authorization in the following miscellaneous circumstances:
  - Contacting you directly - We may use your PHI, including your email address or phone number, to contact you. For example, we may also use this information to send you appointment reminders and other communications relating to your care and treatment or let you know about treatment alternatives or other health-related services or benefits that may be of interest to you via email call or text message.
  - Your patient account - We may make certain PHI, such as information about care or treatment, appointment histories, and medication records, accessible to you through online tools, such as email or your patient portal account.

- Family and friends - To a member of your family, a relative, a close friend—or any other person you identify who is directly involved in your healthcare—when you are either not present or unable to make a healthcare decision for yourself, and we determine that disclosure is in your best interest. We will also assume that we may disclose PHI to any person you permit to be physically present with you as we discuss your PHI with you. For example, we may disclose PHI to a friend who brings you into an emergency room, we may allow someone other than you to pick up your prescription, and we will assume that we may discuss your healthcare with a person you bring with you to your in-office appointments.
- Unless you notify us that your object, name, and general information about your health condition may be disclosed to people who ask for you by name. Members of the clergy will be told your religious affiliation if they ask. This is to help your family, friends, and clergy generally know how you are doing.
- In our office's waiting area - When you join us in our office, we may call your name aloud in the waiting area. If you do not wish to have your name called aloud, please tell the front desk, and we will make adjustments to meet your request.
- Treatment alternatives and plan description - To communicate with you about treatment services, options, or alternatives, as well as health-related benefits or services that may be of interest to you, or to describe our health plan and providers to you.
- De-identified information - If information is removed from your PHI so that you cannot be identified, except as prohibited by law.
- Coroners, funeral directors, and organ donation - To coroners, funeral directors, and organ donation organizations as authorized by law.
- Disaster relief - To an authorized public or private entity for disaster relief purposes. For example, we might disclose your PHI to notify family members of your location or general condition.
- Threat to health or safety - To avoid a serious threat to yourself and others' health or safety.

#### **Uses and Disclosures of Your Protected Health Information That Require Us to Obtain Your Authorization**

Except in the situations listed in the sections above, we will use and disclose your PHI only with your written authorization. This means we will not use your PHI in the following cases unless you give us written permission:

- Marketing purposes, except as allowed by HIPAA or applicable law (by way of example, marketing communications allowed by HIPAA without authorization include communications about care or treatment and/or our products or services.)
- Sale of your information.
- Sharing your PHI with your employer or school.
- Most sharing of psychotherapy notes.
- In some situations, federal and state laws provide special protections for specific kinds of PHI and require authorization from you before we can disclose that specially protected PHI. For example, additional protections may apply in some states to genetic, mental health, drug and alcohol abuse, rape and sexual assault, sexually transmitted disease and/or HIV/AIDS-related information, and/or to the use of your PHI in certain review and disciplinary proceedings of healthcare professionals by state authorities. We will comply with the more stringent state laws about such use or disclosure in these situations. If you have questions about these laws, please contact the Privacy Officer at 833-721-0404 or [privacy@onemedical.com](mailto:privacy@onemedical.com).

#### **YOUR RIGHTS**

You have the right to:

- Request restrictions by asking that we limit the way we use or disclose your PHI for treatment, payment, or healthcare operations. You may also ask that we limit the information we give to someone involved in your care, such as a family or friend. Please note that we are not required to agree to your request, except when a restriction has been requested regarding a disclosure to a health plan in situations where the patient has paid for services in full and where the disclosure's purpose is for payment. If we do agree, we will honor your limits unless it is an emergency. To facilitate a restriction request, complete a Restriction Request Form and submit it to our office.
- Ask that we communicate with you by another means. For example, if you want us to communicate with you at a different address, we can usually accommodate that request. We may ask that you make your request to us in writing. We will agree to reasonable requests.
- Request to access or receive an electronic or paper copy of your PHI. To access or receive a copy of your PHI, you can: (1) submit the request electronically via your portal patient account, (2) complete a Medical Records Request

Form and submit it to our office. We may charge a reasonable fee for the cost of producing or mailing the copies, which you will usually receive within 30 days. In certain situations, we may deny your request and will tell you why we deny it. In some cases, you may have the right to ask for a review of our denial.

- Ask to amend PHI we created that you feel incorrect or incomplete. To request an amendment to your PHI that you believe is inaccurate or incomplete, please complete an Amendment Form and submit it to our office. In certain cases, we may deny your request, and we will do so in writing. You may respond by filing a written statement of disagreement with us and ask that the statement be included with your PHI.
- Choose someone to act for you. If you have given someone medical power of attorney or your legal guardian, that person can exercise your rights and make choices about your health information. We will confirm the person has the authority and can act for you before we take any action.
- Seek an accounting of certain disclosures by asking us for a list of the times we have disclosed your PHI. Please complete an Accounting of Disclosures Form and submit it to our office to request an accounting of disclosures list. You may request disclosures made up to six years before your request. You may receive one list per year at no charge. If you request another list during the same year, we may charge you a reasonable fee. These lists will not include disclosures made for treatment, payment, healthcare operations, and certain other disclosures as permitted by law.
- Request a paper copy of this Notice.
- Receive written notification of any breach of your unsecured PHI.
- File a complaint if you believe your privacy rights have been violated. You can file a written complaint with us at our office or with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). We will not retaliate against you for filing a complaint.

## COMMUNICATION PLATFORMS

We may also use PHI to send you appointment reminders and other communications relating to your care and treatment or let you know about treatment alternatives or other health-related services or benefits that may be of interest to you via email, phone call, or text message.

We may make certain PHI, such as information about care or treatment, appointment histories, and medication records, accessible to you through secured online tools such as your patient portal account.

If you choose to communicate with us via emails, texts, or chats, you acknowledge that we may exchange PHI with you via email, text, or chat, that email, text, and certain chat functionality may not be a secure method of communication, and that you agree to the security risks of such communication. If you would prefer not to exchange PHI via email, text, or chat, you can choose not to communicate with us via those means, and you can notify us at the office.

## CHANGES TO PRIVACY PRACTICES

We may modify this Notice from time to time. The revised Notice will apply to all PHI that we maintain. We will make any such changes to this Notice by posting the revised Notice on our website. The date of the last update will be indicated at the top of this Notice. Please review this Notice from time to time to ensure you are familiar with our HIPAA privacy practices.

## QUESTIONS AND COMPLAINTS

If you have any questions about this Notice or would like an additional copy, please contact our Privacy Officer at the office address listed on our website.

If you think that we may have violated your privacy rights or you disagree with a decision we made about access to your PHI, you may send a written complaint to the Privacy Officer at One Embarcadero Center, 19th Floor, San Francisco CA 94111.



## **SMS Communications Privacy Policy**

Effective Date: November 26, 2024

Sonoran Surgical Center (“we”, “us”, “our”) is committed to protecting the privacy of our patients. This Privacy Policy outlines how we collect, use, disclose, and safeguard your personal information when you receive text messages from us. By subscribing to our text messaging service, you consent to the practices described in this policy.

### **1. Information We Collect**

We may collect the following types of information when you opt-in to our text messaging service:

- Phone Number: We collect your mobile phone number to send you SMS text messages.
- Messages: We collect the content of the messages you send and receive from us.
- Opt-In Information: If you opt to receive SMS text messages from us, we will store your consent information.

### **2. Use of Your Information**

We use the information we collect to:

- Send you text messages related to send you appointment reminders and other communications relating to your care and treatment or let you know about treatment alternatives or other health-related services or benefits that may be of interest to you.

### **3. Sharing Your Information**

- We do not share your personal information with third parties except the providers who are associated with your care, treatment, and health.
- SMS opt-in and phone numbers for the purpose of SMS will not be shared with third parties and affiliates for marketing purposes.

#### **4. Data Security**

We implement reasonable and appropriate security measures to protect your personal information from unauthorized access, disclosure, alteration, or destruction.

#### **5. Opting Out**

You have the right to opt out of receiving SMS text messages from us at any time. To do so, reply with 'STOP' to any message you receive from us. Once you opt out, you will no longer receive messages from us.

#### **6. Changes to this Policy**

We reserve the right to update or change this Privacy Policy. We will notify you of any changes vis SMS text message, email, or by posting a notice on our website.

#### **7. Contact Us**

If you have any questions, concerns, or requests related to your personal information, please contact us at:

Sonoran Surgical Center

5700 W Olive Ave Suite 106, Glendale, AZ 85302

[sonoransurgicalcenter@azadvanced.com](mailto:sonoransurgicalcenter@azadvanced.com)

**Please review this Privacy Policy periodically to stay informed about how we are protecting your information. Your continued use of our SMS text messaging service constitutes acceptance of any changes or updates to this policy.**

**This Privacy Policy is effective as of the date indicated above and applies to SMS text messaging services provided by Sonoran Surgical Center.**



## **SMS Communications Terms & Conditions**

Effective Date: November 26, 2024

**Please read these SMS Communications Terms & Conditions (the “SMS Terms”) carefully. By enrolling or otherwise agreeing to receive text messages from or on behalf of Sonoran Surgical Center, you agree to these SMS Terms, as well as Sonoran Surgical Center’s [Terms of Use](#) and [Privacy Policy](#). For purposes of these SMS Terms, “Sonoran Surgical Center,” “the Company,” “we,” or “us” shall mean Sonoran Surgical Center/Arizona Advanced Surgery and any of its subsidiaries, divisions, or affiliates.**

### **1. Opting into SMS Text Messages**

By opting in to Sonoran Surgical Center’s SMS text messaging service, you expressly consent to receive text messages related to appointment reminders and other communications relating to your care, treatment, or surgery as well as treatment alternatives or other health-related services or benefits that may be of interest to you at the cell phone number you provide us. Please note we may not be able to deliver messages to all mobile carriers. Message and data rates may apply. Information obtained as part of the SMS consent process will not be shared with third parties.

### **2. How to Opt-Out and Get Help**

To stop receiving text messages from Sonoran Surgical Center, you agree to reply STOP to the number sending the message at any time. After replying STOP, you will receive additional communications confirming that your request has been received and processed. Once you opt-out, you will no longer receive messages from us. If you need further assistance, text HELP to the number sending the message, or contact Sonoran Surgical Center’s office at 623-377-7011.

After opting out of receiving text messages and if you decide to opt-in again, you can re-enroll in our SMS text messaging service by contacting our office at 623-377-7011. We would be happy to welcome you back.

### **3. Cost**

Message and data rates may apply for any messages sent to you from or on behalf of Sonoran Surgical Center, and messages you send to us. If you have any questions about your text plan or data plan, it is best to contact your wireless provider.

### **4. Changes to the SMS Terms**

These SMS Terms may be updated by Sonoran Surgical Center at any time without prior notice. By continuing to be enrolled in our SMS text messaging service, or by providing your cell phone number for transactional, operational, or informational text messages, you agree to any changes.

### **5. Questions**

For questions about these SMS Terms or Sonoran Surgical Center's SMS text messages, please contact our office at 623-377-7011 or [sonoransurgicalcenter@azadvanced.com](mailto:sonoransurgicalcenter@azadvanced.com).

- By checking this box, you agree to receive SMS text messages from Sonoran Surgical Center at the phone number you provided. Reply STOP to opt out at any time. Reply HELP to the number sending the message for Patient Care Contact Information. Messages and data rates may apply. Message frequency will vary.**