

Willoughby Surgery Center, LLC

PRIVACY POLICY

At **Willoughby Surgery Center, LLC**, we respect the confidentiality of your health information and we will protect your information in a responsible and professional manner.

We are required by federal and state laws to make you aware of the following issues that specifically pertain to your treatment, procedures or sessions.

1. You may be issued equipment for your use that will have your full name written on it for purposes of identification.
2. Your surname will be included on a weekly or daily appointment schedule that will be located at the front/receptionist desk.
3. Your patient medical record will be physically placed on the front/receptionist desk with other patient's charts. Your medical record will be physically placed on other staff members' desks as necessary for coordination of care.
4. Your patient medical record will be available to all personnel connected with Willoughby Surgery Center, LLC, as well as your referring physician or practitioner.
5. Your medical record will not be available to anyone not directly connected to your care.
6. Patient progress, consultative or diagnostic reports will be issued by fax or mail to other members of your healthcare team.
7. Your medical or billing chart may be used to submit insurance claims for payment, to obtain insurance pre-certifications/authorizations, for appeals and collections, in cases of medical review, court orders and audits.
8. Sharing of information to any other patient designated agents by fax, e-mail, mail, or by telephone must be specifically authorized by you.

Patient/Guardian Signature: _____

Print Name: _____ Date: _____