

**SUMMARY OF LOVELAND SURGERY  
CENTER'S NOTICE OF PRIVACY  
PRACTICES**

*This summary describes how we use and share information about you.  
This summary describes how you may see and get copies of this information.*

**WE MIGHT USE OR SHARE INFORMATION ABOUT YOU FOR....**

- |                   |  |
|-------------------|--|
| <u>Treatment</u>  | Such as when our physicians and nurses discuss your care.  |
| <u>Payment</u>    | Such as when we bill your insurance company for services provided to you.  |
| <u>Operations</u> | Such as when we work to make the quality of the care we provide better. When we give out information about the different services we provide.  |
| <u>Other ways</u> | Such as when we send disease reports to county and state health offices (this is required by law). When we provide information to funeral directors, organ donation groups and researchers. When we share information to protect the health and safety of others or you. Or when we respond to court requests. We also may send you appointment reminders, greeting cards and newsletters. |

**HOW YOU MAY SEE AND GET COPIES OF THIS INFORMATION**

You have the right to:

- Ask for restrictions on the ways we use and give out your information. However, we are not required to do what you ask.
- Get and inspect a copy of your health record.
- Ask that your health information be sent to a different address or that we call you at a different phone number.
- Change your mind if you told us we could use or share your information for reasons other than those listed above.
- Get a list of the times we gave out your information. It will be a list of the times that the law requires us to keep a record of giving out your information.

**OUR COMMITMENT TO RESPECT PRIVACY**

The Loveland Surgery Center is required to:

- Keep your information private.
- Let you know if we cannot do what you have asked us to do with your information.
- Try to reach you at another location or phone number, if you ask us to do so.
- Use and/or give out your information as listed above and as the law permits, unless we have your permission to do more.

As we serve our patients, we at the Loveland Surgery Center may change what we do with your information. If we make a change, we will give you a new notice the next time you visit us. You may call us or write to us to check if we have made any changes.

**COMPLAINTS**

If you think your privacy rights have been violated, you may complain to Loveland Surgery Center. You also may complain to the Department of Health and Human Services. You will not be mistreated for filing a complaint.

**CONTACT INFORMATION**

Loveland Surgery Center Privacy Officer, 3800 N. Grant, Loveland, CO 80538

I have read the notice above and am aware that I may request a copy of the full Privacy Practices for the Loveland Surgery Center.

\_\_\_\_\_  
Patient's signature/Parent or Guardian if under 18

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Date signed