

**NASHUA AMBULATORY SURGICAL CENTER  
PRIVACY NOTICE**

The staff at the Nashua Ambulatory Surgical Center considers it a privilege to provide your care and want you to know that they are committed to keeping your medical information confidential. 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.

First and foremost, your medical information will be used chiefly to ensure that the doctors and nursing staff provide you with the safest and most effective care during your upcoming procedure. In addition, the surgical center may share or use your medical information for the following purposes:

1. TREATMENT - To coordinate your healthcare and related services with other providers. As an example, some of your medical information may be sent to other doctors who will be looking after you and facilities, laboratories, and pharmacies that will provide services to you now and in the future. A staff person may also call you following your procedure to check on your recovery.
2. PAYMENT - If needed to obtain payment for the services provided to you at our facility.
3. TO IMPROVE OUR SERVICES - The most effective way to improve our care is to do medical and quality assurance audits of the services we provide to individuals like you.

Federal law states that our facility may be legally required to disclose your protected health information for reasons such as: to report suspected abuse, neglect or domestic violence; to conduct health oversight activities by an appropriate agency; in connection with judicial and administrative proceedings; for law enforcement purposes; to medical examiners and related persons; and in the event of serious threat to the health or safety to you or the public.

**YOUR RIGHTS TO ACCESS AND CONTROL YOUR MEDICAL INFORMATION**

You have the right to inspect and copy your medical information including medical and billing records, unless prohibited or protected by law. Your request must be in writing. We may charge you for the cost incurred by us in complying with the request. If you think there are errors and wish to amend your patient information, you may notify our Privacy Officer.

You may submit a written request to our Privacy Officer for the surgical center not to use or disclose certain parts of your medical information for the Treatment, Payment and Audit purposes described above. The facility is not required to agree to a restriction that you may request. We will notify you if we deny your request.

You have the right to instruct us if you wish us to disclose your medical information to a family member or a close friend if the need should arise. You also have the right to request that we contact and communicate with you in a special way.

You have the right to request an accounting for certain disclosures of your health records made by the surgical center. You also have the right to another copy of this notice with detailed explanations. You may submit a complaint to our Privacy Officer or the Secretary of Health and Human Services if you believe we have violated your rights.

PRIVACY OFFICER: LIZ FRITTS  
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(603) 882-0950

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