

隐私惯例告知书 NOTICE OF PRIVACY PRACTICES

本告知书介绍了如何使用和披露您的医疗信息，以及您如何获取这类信息。
请仔细阅读。

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

法律要求本机构为您提供本告知书，以便使您了解我们如何使用或共享您的指定记录集信息。指定记录集包括本告知书中提到的“受保护的健康信息”（“PHI”）或简称“健康信息”里的财务和健康信息。我们需要遵守本告知书中的各项条款。如果您对本告知书有任何疑问，请致电310-347-0400联系科夫手术中心的隐私保护专员。

This Facility is required by law to provide you with this Notice so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as “Protected Health Information” (“PHI”) or simply “health information.” We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact the Cove Surgery Center Privacy Officer at 310-347-0400.

了解您的健康记录和信息

UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION

机构住院时，您留下的记录都将包含在健康与财务信息中。通常，这个记录包含我们对您提供的治疗服务和治疗费用。我们可能会在以下情况中使用和/或披露此类信息：

- 为您安排护理和治疗
- 与参与您护理的其他健康专业人员沟通
- 记录您享受的护理服务
- 培训健康专业人员
- 为医学研究提供信息
- 向公共卫生官员提供信息
- 评估和改善我们提供的护理服务
- 针对我们提供的护理服务获得付款

了解您的记录内容和用途将有助于您：

- 确保其准确性
- 更详细地了解谁可以获取您的健康信息
- 当授权向他人披露时能够做出更明智的决定

Each time you are admitted to our Facility, a record of your stay is made containing health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment. We may use and/or disclose this information to:

- plan your care and treatment
- communicate with other health professionals involved in your care

- document the care you receive
- educate health professionals
- provide information for medical research
- provide information to public health officials
- evaluate and improve the care we provide
- obtain payment for the care we provide

Understanding what is in your record and how your health information is used helps you to:

- ensure it is accurate
- better understand who may access your health information
- make more informed decisions when authorizing disclosure to others

我们将如何使用并披露您的受保护的健康信息

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

以下类别描述了我们使用和披露健康信息的方式。不会列出各个类别中的每一种使用或披露方式。但是，我们被允许使用和披露信息的所有方式将一定会在各个类别中列出。

The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

•关于治疗。我们可能会使用或披露您的健康信息，以便于为您提供治疗。我们可能将您的健康信息向医院、护士、治疗师或其他参与照顾您的机构人员披露。例如，医生治疗您的腿骨折时可能需要知道您是否患有糖尿病，因为糖尿病可能会减慢愈合过程。此外，如果您有糖尿病，医生可能需要告诉营养师，以便于我们为您的饮食做出计划。机构的不同部门也可能共享您的健康信息，以便协调您的护理，并为您提供药物、实验室检查和X射线检查。我们还可能向那些在您离开本机构后参与您的医疗护理工作的本机构以外人员披露您的健康信息。这些人员可能包括家庭成员或在您家中提供护理的家访护士。

- For Treatment. We may use or disclose health information about you to provide you with medical treatment. We may disclose health information about you to doctors, nurses, therapists or other Facility personnel who are involved in taking care of you at the Facility. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can plan your meals. Different departments of a Facility also may share health information about you in order to coordinate your care and provide you medication, lab work and x-rays. We may also disclose health information about you to people outside the Facility who may be involved in your medical care after you leave the Facility. This may include family members, or visiting nurses to provide care in your home.

- 关于付款。我们可能会使用或披露您的健康信息，以便于当您在机构接受治疗和服务时向您、保险公司或第三方收取费用。为了获得保健服务的报酬，我们可能会在必要时联系除您以外的其他人。例如，为了付费，我们可能需要共享关于您健康计划中提供的服务信息。我们也会披露您即将接受治疗的健康计划，以获得提前批准，或确定您的计划是否将涵盖该治疗。如果由于缺乏付费服务而需要使用催缴流程，我们只会最低限度地披露催缴所需的信息量。

- For Payment. We may use and disclose health information about you so that the treatment and services you receive at the Facility may be billed to you, an insurance company or a third party. In order to obtain payment for health care services, we may contact individuals other than you as necessary. For example, in order to be paid, we may need to share information with your health plan about services provided to you. We may also tell your health plan about a



treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of information necessary for collection purposes.

- 关于医疗保健业务。我们可能会使用和披露您的健康信息来进行日常医疗保健活动。这是确保所有患者获得优质护理的必要条件。例如，我们可以使用健康信息进行质量评估和改进活动，以及开发和评估临床方案。我们还可能结合多个患者的健康信息来帮助确定我们应该提供哪些额外的服务、什么服务应该停止以及某些新的疗法是否有效。您的健康信息可能被我们的公司办公室用于业务开发和规划、成本管理分析、保险理赔管理、风险管理活动以及开发和测试信息系统和程序。我们还可能使用和披露信息用于专业考核、绩效评估和培训计划。可能需要使用和披露您的健康信息的医疗行为的其他方面包括委派、认证、许可和资格认证活动，以及包括合规审查、医疗评审、法律服务和合规计划在内的审核和审计。您的健康信息可能会用于本机构的业务管理和一般活动，包括解决与出售或转让本机构相关的内部申诉、客户服务和尽职调查。在一定情况下，我们可能会根据《健康保险流通和责任法案》（HIPAA）向另一个实体披露您的健康信息，以满足其自身的医疗保健业务需要。我们可能会删除您的身份信息，这样在将您的健康信息用于研究医疗保健和医疗保健服务时就不会暴露您的身份。
- For Health Care Operations. We may use and disclose health information about you for our day-to-day health care operations. This is necessary to ensure that all patients receive quality care. For example, we may use health information for quality assessment and improvement activities and for developing and evaluating clinical protocols. We may also combine health information about many patients to help determine what additional services we should offer, what services should be discontinued, and whether certain new treatments are effective. Health information about you may be used by our corporate office for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems and programs. We may also use and disclose information for professional review, performance evaluation, and for training programs. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. Your health information may be used and disclosed for the business management and general activities of the Facility including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of the Facility. In limited circumstances, we may disclose your health information to another entity subject to HIPAA for its own health care operations. We may remove information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of patients.

允许使用您的健康信息的其他情形

OTHER ALLOWABLE USES OF YOUR HEALTH INFORMATION

- 业务伙伴。我们机构通过与业务伙伴合作提供一些服务。例如医疗总监、机构的管理公司、外聘律师以及我们在复印您的健康记录时使用的复印服务。在这些服务合同中，我们可能会披露您的健康信息，以便于他们开展我们要求的工作，并向您或您的第三方支付人收取服务费用。然而，为了保护您的健康信息，我们要求业务伙伴适当保护您的信息。
- Business Associates. There are some services provided in our Facility through contracts with business associates. Examples include medical directors, the Facility's management company, outside attorneys and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- 提供方。向您提供的很多服务是作为您在我们机构所获得的医护服务的一部分，由我们所组织的某个医疗保健计划的参与者提供的。这些参与者包括一系列医疗保健提供者诸如医生（例如MD、DO、足病医生）、治疗师、翻译者、便携式放射学单位、临床实验室、临终关怀者、药房、心理学家、认证的临床社会工作者（LCSW）和供应商（例如假体、矫形器）。

- Providers. Many services provided to you, as part of your care at our Facility, are offered by participants in one of our organized healthcare arrangements. These participants include a variety of providers such as physicians (e.g., MD, DO, Podiatrist), therapists, translators, portable radiology units, clinical labs, hospice caregivers, pharmacies, psychologists, licensed clinical social workers (LCSWs), and suppliers (e.g., prosthetic, orthotics).
- 替代治疗方法。我们可能会使用和披露健康信息来告知您可能会感兴趣治疗方案或替代方案。
- Treatment Alternatives. We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.
- 健康相关福利和服务及提醒。我们可能会与您联系，为您提供您可能感兴趣的治疗方案或其他与健康有关的福利服务的预约提醒或信息。
- Health-Related Benefits and Services and Reminders. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- 参与或支付您的医疗保健的人员。我们可能会向参与您护理的朋友或家庭成员披露您的健康信息，除非遭到您的反对。我们也可能向帮助支付您护理费用的人提供健康信息。此外，我们可能会向有助于救援工作的机构披露您的健康信息，以便您的家人能够了解您的情况、状态和位置。
- Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- 根据法律规定披露。在联邦、州或当地法律要求的情况下，我们会披露您的健康信息。
- As Required By Law. We will disclose health information about you when required to do so by federal, state or local law.
- 为避免对健康或安全造成严重威胁。我们会使用和披露您的健康信息，以防止对您或公众和其他人的健康和安全造成严重威胁。仅仅当能有助于防止这种威胁时，我们才会这样做。
- To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.
- 器官和组织捐赠。如果您是器官捐赠者，我们可能向负责器官采购的机构披露健康信息，以促进捐赠和移植。
- Organ and Tissue Donation. If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation.
- 军人和退伍军人。如果您是军队成员，我们可能会根据军方要求披露您的健康信息。我们也可能向相应的外国军事当局披露外国军事人员的健康信息。
- Military and Veterans. If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.
- 研究。在某些情况下，我们可能会使用和披露您的健康信息以进行研究。例如，研究项目可能涉及将同一病症中接受一种药物的所有患者的健康状况和恢复情况与接受另一种药物的患者进行比较。然而，所有研究项目都需要经过特定的审批流程。该流程将评估拟议的研究项目及其使用的健康信息，尝试将研究需求与患者对健康信息隐私的需求进行平衡。在我们使用或披露健康信息进行研究之前，该项目将通过本研究审批流程获得批准。但是，只要他们查阅的健康信息不会流出该研究中心，我们会向准备进行研究项目的人员披露您的健康信息。
- Research. Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one

medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about you to people preparing to conduct a research project so long as the health information they review does not leave the Center.

- 工伤赔偿。在工伤赔偿或类似方案中，我们会披露您的健康信息。这些方案可为工伤或疾病提供赔付。
- Workers' Compensation. We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- 报告。联邦和州法律可能要求或允许机构披露与以下相关的某些健康信息：
 - a. 公共卫生风险。我们可能会因公共卫生需求而披露您的健康信息，其中包括：
 - » 预防或控制疾病、伤害或残疾；
 - » 报告出生和死亡；
 - » 报告虐待或忽视儿童；
 - » 报告药物反应或产品问题；
 - » 通知人们召回产品；
 - » 通知可能患有疾病或可能有风险感染或传播疾病的人；
 - » 如果我们认为患者是遭受虐待、忽视或是家庭暴力的受害者，则会通知相应的政府机构。我们只会在您同意或法律要求或授权的情况下进行此类信息披露。
 - b. 卫生监督活动。我们可能会向卫生监督机构披露健康信息，以便于开展法律授权的活动。这些监督活动可能包括审计、调查、检查和认证。这些活动对于政府监督卫生医疗系统、政府计划和遵守民法是必要的。
 - c. 司法和行政程序：如果您涉及诉讼或争议，我们可能会应法院或行政机构人要求披露您的健康信息。我们还可能会因涉及争议的其他人的传讯、证据开示请求或其他合法流程而披露您的健康信息，但只有在告知您该等要求或获得保护信息的命令之后方可披露。
 - d. 报告虐待、忽视或家庭暴力：如果我们认为患者是遭受虐待、忽视或是家庭暴力的受害者，则会通知相应的政府机构。
- Reporting. Federal and state laws may require or permit the Facility to disclose certain health information related to the following:
 - a. *Public Health Risks.* We may disclose health information about you for public health purposes, including:
 - » Prevention or control of disease, injury or disability;
 - » Reporting births and deaths;
 - » Reporting child abuse or neglect;
 - » Reporting reactions to medications or problems with products;
 - » Notifying people of recalls of products;
 - » Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;

- » Notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
 - b. *Health Oversight Activities.* We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
 - c. *Judicial and Administrative Proceedings:* If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
 - d. *Reporting Abuse, Neglect or Domestic Violence:* Notifying the appropriate government agency if we believe a patient has been the victim of abuse, neglect or domestic violence.
- 执法。我们会在执法官员要求时披露健康信息：
 - 回应法庭命令、传讯、担保、传唤或类似程序；
 - 识别或定位嫌犯、逃犯、重要证人或失踪人员；
 - 在特定的情况下，无法征得您的同意时，披露您作为犯罪受害人的信息
 - 我们认为可能是犯罪行为导致的死亡的相关信息；
 - 关于在本中心发生的犯罪行为的信息；
 - 紧急情况下的报案；犯罪或受害者的地点；或犯罪人的身份、描述或地点。
 - Law Enforcement. We may disclose health information when requested by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons, or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the Center;
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
 - 验尸官、法医和殡仪主任。我们可能向验尸官或法医披露医疗资料。这对于识别死者或确定死亡原因可能是必要的。我们也可能向丧葬承办人披露医疗信息，以便其履行职责。
 - Coroners, Medical Examiners and Funeral Directors. We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.
 - 国家安全和情报活动。我们可能向授权的联邦情报工作官员、反间谍和法律授权的其他国家安全活动披露您的健康信息。
 - National Security and Intelligence Activities. We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
 - 惩教所：如果您是惩教所的犯人，为了您以及他人的健康和​​安全，我们可能向该机构或其代理人披露您的健康信息。



- **Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of others.

健康信息的其他用途

OTHER USES OF HEALTH INFORMATION

本告知书或适用于我们的法律未涵盖的健康信息的其他使用和披露将仅在您书面许可的情况下进行。如果您允许我们使用或披露您的健康信息，您也可以随时通过书面形式撤销该许可。如果您撤销了许可，我们将不会再以您的书面授权为由使用或披露您的健康信息。您需要理解的是，我们无法收回在您的许可下已经做出的任何披露，并且我们被要求保留向您提供的医疗保健服务的记录。

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

您对健康信息享有的权利 YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

虽然您的健康记录是本机构的财产，但信息属于您。对于您的健康信息，您享有以下权利：

Although your health record is the property of the Facility, the information belongs to you. You have the following rights regarding your health information:

- **检查和复制权。**除了一些例外情况，您有权审查和复制您的健康信息。

您必须通过书面形式向科夫手术中心的隐私保护专员提交您的请求，请致电23430 Hawthorne Boulevard, Suite 110, Torrance, CA 90505。在您索取信息时，我们会收取相关复印、邮寄或其他服务的费用。

- **Right to Inspect and Copy.** With some exceptions, you have the right to review and copy your health information.

You must submit your request in writing to the Cove Surgery Center Privacy Officer at 23430 Hawthorne Boulevard, Suite 110, Torrance, CA 90505. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

- **修改权。**如果您认为记录中的健康信息不正确或不完整，可以要求我们修改信息。只要信息由本中心保存，或者属于本中心，您就拥有此权利。

您必须通过书面形式向科夫手术中心的隐私保护专员提交您的请求，请致电23430 Hawthorne Boulevard, Suite 110, Torrance, CA 90505。此外，您必须说明请求原因。

如果不是书面请求，或未包含支持请求的理由，我们可能会拒绝您的修改请求。另外，如果您要求我们修改以下信息，我们可能会拒绝您的请求：

- 不是由我们机构创建的，除非创建信息的个人或实体不再能做出修改；
- 不是本中心所保存或所有的健康信息的一部分；
- 信息本身准确而完整。

- **Right to Amend.** If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for the Center.

You must submit your request in writing to the Cove Surgery Center Privacy Officer at 23430 Hawthorne Boulevard, Suite

[23430 Hawthorne Boulevard, Suite 110 / Torrance, California 90505 / P \(310\) 347 0400 F \(310\) 347 4462 / covesurgerycenter.com](#)



110, Torrance, CA 90505. *In addition, you must provide a reason for your request.*

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by or for the Center;
 - Is accurate and complete.
- 披露清单请求权。您有权要求提供“披露清单”。这是我们对您的健康信息做出的特定披露的清单，而非为治疗、付款或医疗服务活动等目的进行的信息披露。

您必须通过书面形式向科夫手术中心的隐私保护专员提交您的请求，请致电23430 Hawthorne Boulevard, Suite 110, Torrance, CA 90505。您的请求必须说明自请求提交之日起不超过六年，可能不包括2003年4月14日之前的日期。您的请求应该表明希望获得的清单种类（例如，纸质或电子版）。您在十二个月内申请的第一份清单将是免费提供。如需要提供更多清单，我们会向您收取提供清单的费用。我们将告知您所需费用，您可以选择在产生费用之前撤销或修改您的请求。

- Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment or health care operations.

You must submit your request in writing to the Cove Surgery Center Privacy Officer at 23430 Hawthorne Boulevard, Suite 110, Torrance, CA 90505. Your request must state a time period which may not be longer than six years from the date the request is submitted and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- 请求限制的权利。您有权要求对我们使用或披露您的健康信息的权利进行约束或限制。例如，您可以要求我们仅将您的健康信息向您的护理人员或支付您护理费用的人员披露。您可以要求我们不要对您的家人或朋友使用或披露您进行手术的信息。

我们并非必须同意您的要求。但是，如果我们同意了您的要求，我们就会遵守，除非在您急诊时必须提供该信息。

您必须通过书面形式向科夫手术中心的隐私保护专员提交您的请求，请致电23430 Hawthorne Boulevard, Suite 110, Torrance, CA 90505。在您的要求中，您必须告诉我们（1）您想限制什么信息；（2）您是要限制我们的使用还是披露或两者兼而有之？（3）您想要限制的人士，例如向您的配偶披露。

- Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care. You could ask that we not use or disclose information about a surgery you had to a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You must submit your request in writing to the Cove Surgery Center Privacy Officer at 23430 Hawthorne Boulevard, Suite 110, Torrance, CA 90505. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- 请求更改沟通方式的权利。您有权要求我们以保密的方式或在特定的地点与您沟通医疗事务。例如，您可以会要求我们只通过邮政信箱与您进行邮件联系。



您必须通过书面形式向科夫手术中心的隐私保护专员提交您的请求，请致电23430 Hawthorne Boulevard, Suite 110, Torrance, CA 90505。我们不会向您询问您的请求原因。您的请求必须详细说明您希望如何或在何地联系。我们将努力满足所有合理的请求。

- **Right to Request Alternate Communications.** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box.

You must submit your request in writing to the Cove Surgery Center Privacy Officer at 23430 Hawthorne Boulevard, Suite 110, Torrance, CA 90505. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will attempt to accommodate all reasonable requests.

- 获取本告知书的纸质或电子版的权利。即使您同意以电子版收到该告知书，您也有权使用本隐私惯例告知书的纸质文件。您可以随时要求我们发送本告知书的复印件。要获得本告知书的纸质或电子版，请联系科夫手术中心的隐私保护专员在23430 Hawthorne Boulevard, Suite 110, Torrance, CA 90505或拨打电话310-347-0400。
- **Right to a Paper or Electronic Copy of This Notice.** You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.
 - To obtain a paper or electronic copy of this Notice, contact the Cove Surgery Center Privacy Officer at 23430 Hawthorne Boulevard, Suite 110, Torrance, CA 90505 or by phone at 310-347-0400.

本告知书的更改

CHANGES TO THIS NOTICE

我们保留更改本告知书的权利。我们保留修订或更改本告知书，并将其适用于我们对您已有的健康信息以及将来收到的任何信息的权利。我们将在本机构中发布当前告知书的副本。此外，如果本告知书发生了实质性变更，告知书将包含修订部分的生效日期，您可以通过联系本机构管理员获得副本。本告知书自2003年4月15日起生效，并于2017年2月15日修订。

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the Facility. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions and copies can be obtained by contacting the Facility administrator. This Notice was effective April 15, 2003 and was revised on February 15, 2017.

投诉 COMPLAINTS

如果您认为您的隐私权受到侵犯，您可以向本机构或卫生与公众服务部的秘书提出申诉。如果向本机构提出申诉，请通过23430 Hawthorne Boulevard, Suite 110, Torrance, CA 90505或致电：310-347-0400联系科夫手术中心的隐私保护专员。如果向该机构提出申诉，请通过23430 Hawthorne Boulevard, Suite 110, Torrance, CA 90505或致电：310-347-0400联系科夫手术中心的隐私保护专员。要向卫生和公众服务部秘书提出投诉，请联系50 United Nations Plaza-Room 322, San Francisco, CA 94102。您不会因提出申诉而受到处罚。

If you believe your privacy rights have been violated, you may file a complaint with the Facility or with the Secretary of the Department of Health and Human Services. To file a complaint with the Facility, contact the Cove Surgery Center Privacy Officer at 23430 Hawthorne Boulevard, Suite 110, Torrance, CA 90505 or by phone at 310-347-0400. To file a complaint with the Secretary of the Department of Health and Human Services, they may be contacted at 50 United Nations Plaza – Room 322, San Francisco, CA 94102. All complaints must be submitted in writing. You will not be penalized for filing a complaint.