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Plastic Surgery
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Patient Privacy Policy

I. **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.**

(*This notice is governed by the Health Insurance Portability and Accountability Act (HIPPA) of 1996.*)

II. **WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).**

We are legally required to protect the privacy of your health information. We call this information "protected health information" or "PHI" for short and it includes information that can be used to identify you that we've created or received about your past, present, or future health condition, the provision of health care to you, or the payment for this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Provide you with this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms described in this notice.
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III. **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.**

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different categories of uses and disclosures.

A. **Uses and Disclosures That Do Not Require Your Authorization**.

1. **For treatment.** We may disclose your PHI to hospitals, physicians, nurses, or other health care personnel who provide you with health care services or are involved in your care. For example, if you're being treated for a knee injury, we may need to coordinate your care with an x-ray technician in order to coordinate your care. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions. In emergencies, we will use and disclose you PHI to provide the treatment you require.

2. **To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you.

3. **For health care operations.** We may disclose your PHI in order to operate this practice. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, billing agency and other Business Associates in order to make sure we're complying with the laws that affect us. These Business Associates will also be required to protect your PHI. We may use

and disclose your PHI, as necessary, to contact you. It is the policy of this office to contact patients via telephone (at the telephone number(s) provided) to confirm the next day's appointment. We will leave limited information on an answering machine, voicemail, or with party taking a message by identifying the name of the office and confirming the date/time of the appointment. We may also need to contact you regarding the scheduling of surgery, changing of appointments, reminders, etc., via telephone at the numbers you provide to us, or via mail to your home address. We may call you by name in the waiting room when we are ready to see you.

4. **When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement.** For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence when dealing with gunshot or other wounds, or when ordered in a judicial or administrative proceeding.

5. **For public health activities.** For example, we report information about births, deaths, and various diseases to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.

6. **For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization. We may disclose your PHI to a person or company required by the Food and Drug Administration (FDA) to do the following: report adverse events, product defects, or problems and biologic product deviations; track products; enable product recalls; make repairs or replacements; conduct post-marketing surveillance as required. An example would be patients who agree to enroll in the Silicone-Filled Breast Implant Study.

7. **For purposes or organ donation.** We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.

8. For **research purpose**s. In certain circumstances, we may provide PHI in order to conduct medical research.

9. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

10. **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.

11. **For workers compensation purposes.** We may provide PHI in order to comply with workers? compensation laws.

12. **Appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer. See number 3 *health care operations* above for details.

B. **Use and Disclosure Where You Have the Opportunity to Object:**

1. **Disclosures to family, friends, or others.** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part.

C. **All Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situation not described above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

D. **Incidental Uses and Disclosures.** Incidental uses and disclosures of information may occur. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. However, such incidental uses or disclosure are permitted only to the extent that we have applied reasonable safeguards and do not disclose any more of your PHI than is necessary to accomplish the permitted use or disclosure. For example, disclosures about a patient at a nursing station that might be overheard by personnel not involved in the patient's care would be permitted.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

A. **The right to Request Limits on Uses and Disclosures of your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

B. **The Right to Choose How We Send PHI to You**. You have the right to ask that we send information to you to an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We must agree to your request so long as we can easily provide it in the format you request.

C. **The Right to See and Get Copies of your PHI**. In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your PHI, we will charge you $1.00 for each page. Instead of providing the PHI you requested, we may provide you with a summary of explanation of the PHI as long as you agree to that and to the cost in advance. Any inspection of your PHI provided in this office will be performed under direct supervision.

D. **The Right to Get a List of the Disclosures We Have Made**. You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations (TPO), directly to you, to your family, or in our facility directory. The list also won?t include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before 4/14/03. We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last 6 years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you $1.00 per page for each additional request.

E. **The Right To Correct or Update Your PH**I. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. We will respond within 60 days of receiving your request in writing. You must provide the request and your reason for the request in writing.

We may deny your request in writing if the PHI is (I) correct and complete, (II) not created by us, (III) not allowed to be disclosed, or (IV) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement or disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

F. **The Right to Get This Notice by E-Mai**l. You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

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 file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W., Room 615F, Washington, D.C. 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: Privacy Officer, c/o Beverly Friedlander, M.D., 973-912-9120, e-mail: Contact@DoctorBev.com.