

SALISBURY PLASTIC SURGERY

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HIPAA Notice of Privacy Practice

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

Who Will Follow This Notice:

This notice describes our office's practices. Members of our staff and our business associates may only access the minimum amount of protected health information that they need to complete their assigned task.

Our Pledge Regarding Medical Information:

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care you receive at this office to provide you with quality care and to comply with legal requirements. This notice will tell you about the ways in which we use and disclose your medical information. We also describe your rights and obligations we have regarding the use and disclosure of medical information. We are required by law to make sure that medical information that identifies you is kept private; give you this notice of our privacy practice with respect to your medical information; and follow the terms of the current notice. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

How We May Use and Disclose Medical Information About You:

- ❑ **Treatment** – We may use information about you to provide you with medical treatment. We may disclose medical information about you to doctors, nurses and other clinical/office staff to provide the best care to meet your needs.
- ❑ **Payment** – We may use and disclose information about you for insurance and payment services. We may tell your health plan about upcoming treatment or services that require its prior approval.
- ❑ **Health Care Operations** – We may use and disclose information about you for practice operations to make sure that you receive quality care and for learning purposes.
- ❑ **Confirming Appointments/Phone Messages** – We may call and leave messages with whoever answers the phone at your house or on your answering machine unless directed otherwise.
- ❑ **Individuals Involved in Your Care or Payment for Your Care** – We may communicate with family or friends involved in your care with your permission. We may disclose medical information about you to assist in a disaster relief effort.
- ❑ **Treatment Alternatives** -- We may use and disclose information to tell you about treatment alternatives.
- ❑ **Health-Related Benefits and Services** – We may tell you about health-related benefits/services.

There are limited times when we are permitted or required to disclosed medical information without your signed permission. These situations include the following:

- ☐ For public health activities such as tracking diseases or medical devices
- ☐ To protect victims of abuse or neglect
- ☐ For federal and state health oversight activities such as fraud investigations
- ☐ For judicial or administrative proceedings
- ☐ If required by law or for law enforcement
- ☐ To coroners, medical examiners and funeral directors
- ☐ For organ donation
- ☐ To avert serious threat to public health or safety
- ☐ For specialized government functions such as national security and intelligence
- ☐ To workers' compensation if you are injured at work
- ☐ To a correctional institution if you are an inmate
- ☐ For research following strict review to ensure protection of information

Patient Rights

You have the right to:

- ☐ Request that we restrict how we use or disclose your medical information (we are not required to abide by your request) *
- ☐ Request that we use a specific telephone number or address to communicate with you *
- ☐ Inspect and copy your medical information (fees will apply) *
- ☐ Request that we amend your medical information (reason required) *
- ☐ Receive an account of how your medical information was disclosed (excludes disclosures for treatment, payment, health care operations and some required disclosures; fees may apply)*
- ☐ Obtain a paper copy of this notice even if you received it electronically
- ☐ Register a complaint (see next paragraph)

*Request must be in writing

Complaints:

If you believe your rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services in Washington, D.C. To file a complaint with the office, contact "Privacy Officer" at our office address. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Changes to this Notice:

We reserve the right to change this notice and make the revised notice effective for information we already have about you as well as any future information. We will post a copy of the current notice in our office and will have copies available to you at anytime.

Other Uses of Medical Information:

Other uses and disclosures of information not covered by this notice will be made only with your written permission. You may revoke that permission in writing at any time. Understand that we are unable to take back any permitted disclosures, and that we are required to retain records of your care.