

Green Hills Plastic Surgery Notice of Privacy Practices

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.

If you have any questions about this notice, please contact **Sally Davis** in our office: **615-327-7407**, or at **2400 Patterson Street, Suite 223, Nashville TN 37203**.

WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices (HIPAA) followed by our employees, staff and other office personnel. The practices described in this notice will also be followed by health care providers you consult with by telephone who provide 'call coverage' for your health care provider.

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right corner.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact **Sally Davis** at **615-327-7407**. You will not be penalized for filing a complaint.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

For Treatment:

We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and x-rays, etc.

For Payment:

We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, in insurance company or a third party. 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.

For Health Care Operations:

We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether new treatments are effective.

To Family and Friends:

We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object or if you are not capable of giving consent.

To Avert Serious Threat to Health or Safety:

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

As Required By Law:

We will disclose health information about you when required to do so by federal, state or local law.

For Research:

We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will

have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

For Organ and Tissue Donation:

If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Military, Veterans, National Security and Intelligence:

If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

For Workers' Compensation:

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

For Public Health Risks:

We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

For Health Oversight Activities:

We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Information Not Personally Identifiable:

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

For Lawsuits and Disputes:

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. Subject to all applicable legal requirements, we may disclose health information about you in response to a subpoena.

To Law Enforcement:

We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar

process, subject to all applicable legal requirements.

To Coroners, Medical Examiners & Funeral Directors:

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

For Appointment Reminders:

We may contact you as a reminder that you have an appointment with us.

For Treatment Alternatives & Health-Related Products:

We may tell you about or recommend possible treatment options or alternatives or health-related products or services that may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

OTHER USES & DISCLOSURES

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. We must obtain your *Authorization* separate from any *Consent* we may have obtained from you. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, in writing, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special, written authorization from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed *Consent* and a special written *Authorization* that complies with the law governing HIV or substance abuse records.

YOUR RIGHTS

You have the following rights regarding health information we maintain about you:

Right to a Paper Copy of This Notice:

You have the right to a paper copy of this notice. You may ask us to give you a copy at any time, even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact Sally Davis.

Right to Inspect and Copy:

You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to Sally Davis in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If law requires such a review, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend:

If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as this office keeps the information. To request and amendment, complete and submit a *Medical Record Amendment/Correction Form* to Sally Davis. 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:

- A) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- B) Is not part of the health information that we keep.
- C) You would not be permitted to inspect and copy.
- D) Is inaccurate and incomplete.

Right to an Accounting of Disclosures:

You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to Sally Davis. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (paper, electronically). 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.

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 treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

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. To request restrictions, you may complete and submit a *Request For Restricting Uses and Disclosures and Confidential Communications Form* to Sally Davis.

Right to Request Confidential Communications:

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by email. To request confidential communications, you may complete and submit the *Request For Restricting Uses and Disclosures and Confidential Communications Form* to Sally Davis. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.