

# *Aiken Plastic Surgery*

## **NOTICE OF PRIVACY PRACTICES**

*The Notice of Privacy Practices describes how this practice may use and disclose your medical information, as well as your rights to access your medical information. If you still have questions, after reading this document, please contact our office HIPAA Privacy Officer.*

The HIPAA Privacy Rule permits this practice to disclose your protected health information to carry out Treatment, Payment, or other Healthcare Operations. We may also disclose your health information for purposes required by law. HIPAA also grants you rights to access and control your protected health information. We must abide by the information outlined in the Notice of Privacy Practices. As HIPAA evolves, we reserve the right to update our Notice of Privacy Practices at any time. You also have the right to request a copy of our current Notice of Privacy Practices at any time.

### **USES AND DISCLOSURES**

Your protected health information may be used and disclosed by your physician, our office staff and others who are involved in your care and treatment for treatment, payment, or other healthcare operations.

The following are common types of uses and disclosures your physician's office is authorized to make. While not a complete list of allowable disclosures, these examples will provide you with an understanding of acceptable disclosures made by this practice.

**Treatment:** Our practice will use and disclose your protected health information to provide, coordinate, or manage your health care. This includes the coordination or management of your health care with another provider. We will disclose protected health information to any other physicians who may be treating you. We may also disclose your protected health information to another physician or health care provider, such as a laboratory, who becomes involved in your treatment.

**Health Care Operations:** Our practice will use and disclose your protected health information in order to support our practice's business activities. Examples of health care operations include, but are not limited to, quality assessment, employee reviews, medical student training, licensing, fundraising, and conducting or arranging for other business activities. We may also provide you with information about treatment alternatives or other services that may be of interest to you. Please contact our Privacy Officer if you would prefer these materials not be sent to you.

We may use or disclose your demographic information and the dates that you received treatment from your physician, in order to contact you for fundraising activities supported by our practice. Please contact our practice Privacy Officer if you do not wish to receive these materials.

**Payment:** Our practice will use and disclose your protected health information, to obtain payment for your services performed by us or by another provider. This may include disclosures to health insurance plans, insurance providers, and collection agencies. We strongly encourage you to be in contact with your insurance agency to determine the level of coverage your plan provides, as well as having an understanding of the financial figures you will be responsible for.

**Business Associates:** We will share your protected health information with third party "business associates" that perform various activities on our behalf. Examples of a Business Associate include, billing services, transcription services, and legal services. Prior to disclosing any protected health information with a business associate, we will establish a written contract that contains the terms that will

protect the privacy of your information. Business Associates and their subcontractors must also comply with HIPAA Privacy and Security Regulations. We verify their understanding and responsibility.

HIPAA Permits and Requires Additional Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object. These situations include:

**Disclosures Required By Law & Workers Compensation:** We are permitted to use or disclose your protected health information to the extent that law requires the use or disclosure. We will maintain compliance with the law and will limit the disclosure to the minimum necessary. If required, you will be notified of any disclosure. We are permitted to disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

**Abuse or Neglect:** We believe abuse or neglect to be a serious issue. We may disclose your protected health information to a public health authority authorized to receive reports of child abuse or neglect. We may also disclose your information if, in our best judgment, we believe you have been a victim of abuse, neglect or domestic violence. When disclosing protected health information in cases of abuse or neglect, we will follow applicable state and federal laws.

**Public Health & Communicable Diseases:** We are permitted to disclose your protected health information for public health purposes or to a public health authority that is permitted by law to collect or receive the information. Examples may include disclosure to prevent or controlling disease, or injury. We are permitted to disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease. We may disclose your information if said person may be at risk of contracting or spreading the disease or condition.

**Research & Health Oversight:** We are permitted to disclose your protected health information to researchers when an institutional review board that has reviewed the research proposal, as well as established protocols to ensure the privacy of your information has approved their research. We are permitted to disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

**Legal Proceedings:** We are permitted to disclose protected health information in connection with any judicial or administrative proceeding, subpoena, or in responding to a court order or tribunal.

**Law Enforcement:** We may also disclose protected health information, under lawful conditions to law enforcement. Permitted law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency associated with a crime.

**Organ Donation, Coroners, & Funeral Directors:** We are permitted to disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties. Disclosure may be made in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Military Activity and National Security:** We are permitted to use or disclose protected health information of individuals who are Armed Forces personnel under the following circumstances: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We are also permitted to disclose

your information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

### **Written Authorization**

Unless required by law, your written authorization will be required for all other uses and disclosures of your protected health information. You may revoke authorization at any time, by written request. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Note: We are unable to undo any disclosures previously made with your authorization.

### **Opportunity to Agree or Object**

The following are examples of instances where we may use and disclose your protected health information; however, you have the opportunity to agree or object to the use or disclosure of all or part of the disclosure. If you are not present or able to agree or object to the use or disclosure, then we may, using professional judgment, determine whether the disclosure is in your best interest.

- Unless you object, we may disclose to a member of your family, a relative, or a close friend, your protected health information that directly relates to that person's involvement in your health care. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your care.
- Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your general condition, and your religious affiliation. This information, except religious affiliation, will be disclosed to individuals who ask for you by name. Your religious affiliation will be only given to a member of the clergy, such as a priest or rabbi.
- Should we choose to participate in Marketing or Fundraising Efforts we will first provide you with an opportunity to Opt-Out of such Marketing or Fundraising Materials. You will be made aware if our Marketing or Fundraising Efforts will include our practice receiving financial remuneration. You will have the opportunity to opt-out of our current marketing or fundraising efforts, or to opt-out of all future marketing or fundraising efforts. Because we may receive financial remuneration, you will be provided with a separate form to authorize or opt-out of our efforts.

### **Patient Rights**

**You have the right to inspect and copy your protected health information.** As long as we are maintaining your protected health information, you may inspect and obtain a copy of your protected health information. You may obtain your medical record that contains medical and billing records and any other records that your physician uses for health care decisions. As permitted by federal or state law, we may charge you a "*reasonable copy fee*" for a copy of your records.

However, federal law prohibits you from inspecting or copying: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access. You may have the right to appeal the denial. Please contact our Privacy Officer if you have questions.

**You have the right to request a restriction of your protected health information.** You may ask us not to use or disclose any part of your protected health information 1) for the purposes of treatment, healthcare operations, or payment 2) to family members or friends who may be involved in your care or 3) for notification purposes as described in this Notice of Privacy Practices. Your written request must state the specific restriction requested and to whom you want the restriction to apply. We are NOT required to agree to a restriction that you may request, unless your account has been paid in full. However, if your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction other than emergency treatment situations.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We strive to accommodate all reasonable requests. As a condition, we may ask for additional information, such as payment, alternative address, or additional contact information. We will not request an explanation for the request. Notify our Privacy Officer in writing for all requests.

**You have the right to receive an accounting of certain disclosures made.** This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement or correctional facilities, as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You may request an amendment of your protected health information in a designated record set for so long as we maintain this information.** We may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement and we may provide you with a copy of any rebuttal. Please contact our Privacy Officer if you have questions.

**If we maintain an electronic copy of your Medical Records then you have the right to receive an electronic copy of your Medical Records.**

**You have the right to obtain a hard copy of this Notice of Privacy Practices.**

### **Complaints**

Should you believe your privacy rights have been violated, and you wish to file a complaint, you may complain to us or to the Secretary of Health and Human Services.

To file a Complaint with us, you may contact our Privacy Officer. Protecting your private health information is essential to us, and we will not retaliate against you should you file a complaint.

Complaints filed with the Secretary of Health and Human Services should be directed to your regional office. A directory of regional offices can be found by visiting the following website:  
<http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html>

**Aiken Plastic Surgery**  
**ACKNOWLEDGMENT OF RECEIPT OF OUR**  
**NOTICE OF PRIVACY PRACTICES**

**Purpose:** This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

I \_\_\_\_\_ have received a copy of this office's Notice of Privacy Practices. \*You have the right to refuse to sign this document\*

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(Please Print Name)

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(Signature)

Date: \_\_\_\_\_

**Office Use Only**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but the acknowledgement could not be obtained because:

- The patient or individual refused to sign this document
- Communications conflicts prohibited us from obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*HIPAA*