

## **NOTICE OF INFORMATION PRACTICES THE CENTER FOR PLASTIC SURGERY, P.S.C**

### **UNDERSTAND YOUR HEALTH RECORD/INFORMATION:**

Each time you visit a healthcare provider a record of your visit is made. Typically, this record contains your symptoms, exam, test results, diagnoses, treatment and/or a plan for future care. This information, often referred to as your health or medical record, serves as a:

- ❖ Basis for planning your care and treatment
- ❖ Means of communication among the many health professionals who contribute to your care
- ❖ Legal document describing your care
- ❖ Means by which you or a third-party payer can verify that services billed were actually provided
- ❖ Tool in educating health professionals
- ❖ Source of data for medical research
- ❖ Source of information for public health officials charged with improving the health of the nation
- ❖ Source of data for facility planning and marketing
- ❖ Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

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

- ❖ Ensure its accuracy
- ❖ Better understand who, what, when, where and why others may access your health information
- ❖ Make more informed decisions when authorizing disclosure

### **YOUR HEALTH INFORMATION RIGHTS:**

Although your health record is the physical property of the healthcare practitioner that compiled it, the information belongs to you. You have the right to:

- ❖ Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- ❖ Obtain a paper copy of the notice of information practices upon request
- ❖ Inspect and copy your health record as provided for in 45 CFR 164.522 upon giving the office a seven day notice of intent
- ❖ Amend your health record as provided for in 45 CFR 164.528 with proper ID.
- ❖ Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- ❖ Revoke your authorization to use or disclose health information except to the extent that the action has already been taken

### **OUR RESPONSIBILITIES:**

This organization is required to:

- ❖ Maintain the privacy of your health information
- ❖ Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- ❖ Abide by the terms of this notice
- ❖ Notify you if we are unable to agree to a requested restriction
- ❖ Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied us.

We will not use or disclose your health information without your authorization, except as described in this notice.

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**THE CENTER FOR PLASTIC SURGERY, P.S.C.**

**TO REPORT A PROBLEM OR FOR MORE INFORMATION:**

You may contact our office manager or physician if you believe your privacy rights have been violated.

**EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS:**

We will use your health information for treatment. For example, information obtained by a nurse, physician or other member of the healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Members of the healthcare team will record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician, referring doctor or facility of continuing care copies of various reports that should assist in treating you.

We will use your health information for payment. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

We may contact you to provide surgical instruction reminders and/or appointment reminders. We may disclose to the FDA health information relative to adverse events with respect to food, drugs, supplements, product and product defects or marketing surveillance information to enable product recalls, repairs or replacement.

**WORKERS COMPENSATION:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**PUBLIC HEALTH:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**CORRECTIONAL INSTITUTION:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

**LAW ENFORCEMENT:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

3/18/2003

AHIMA: HIPAA