

Coastal Plastic Surgery

Todd W. Adam, M.D., F.A.C.S.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY. YOU DO NOT HAVE TO SIGN IT, BRING IT TO YOUR APPOINTMENT OR PRINT IT UNLESS YOU WANT A COPY.

Effective Date: April 14, 2003

Introduction to Privacy

We are required by law to maintain the privacy of your medical information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your medical information. We must follow the privacy practices that are described in this Notice while it is in effect. We reserve the right to change our privacy practices and law permits the terms of this notice at any time, provided such changes. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. If we make a significant change in our privacy practices, we will amend this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed on page 8 of this Notice.

USES AND DISCLOSURES OF MEDICAL INFORMATION

We use and disclose medical information about you for treatment, payment and health care operations.

Treatment: We may use and disclose your medical information to a physician or other health care provider, nurses, technicians, medical students or other practice personnel who are involved in your medical care and treatment. This includes coordination of your care with other health care providers, and with health plans, consultation with other providers, and referral to other providers related to your care. We also may disclose medical information about you to people outside the practice who may be involved with your medical care after you leave our office, such as family members, clergy or others we may rely on or ask to assist us in caring for you.

Payment: We may use and disclose your medical information to obtain payment for services we provide to you. Payment includes submitting claims to health plans and insurers, justifying our charges for and demonstrating the medical necessity of the care we deliver to you, determining your eligibility for health plan benefits for the care we furnish to you, obtaining precertification or preauthorization for your treatment or referral to other health care providers, participating in utilization review of the services we provide to you and the like. We may disclose your medical information to another health care provider or entity subject to the federal Privacy Rules so they can obtain payment.

Health Care Operations: We may use and disclose your medical information in connection with our health care operations.

Health care operations include:

- Quality assessment and improvement activities
For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- Disclose information to doctors, nurses, technicians, medical students, and other practice personnel for review and learning purposes.
- Combine our medical information with information we have from other practices in the attempt to see how we are doing and what areas require improvements in the care and services that we offer.
- We may combine medical information of several patients in order to determine what additional services the practice should offer and what services are not needed and whether treatment provided is effective.
- Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set.

We may disclose your medical information to another provider or health plan that is subject to the Privacy Rules, as long as that provider or plan has a relationship with you and the medical information is for their health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

On Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this Notice.

Appointment Reminders: We may use and disclose medical information in connection with our efforts to remind you that you have an appointment.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

To Your Family and Friends: We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. We may use or disclose your name, hospital location, and general condition or death to notify, or assist in the notification of (including identifying or locating) a person involved in your case. We may also disclose your medical information to whomever you give us permission. Before we disclose your medical information to a person involved in your health care or payment for your health care, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest. We will also use our professional judgment and our experience with common practice to allow a person to pick up filled prescriptions, medical supplies or other similar forms of medical information.

Emergencies: We may use or disclose your medical information in an emergency treatment situation. Your physician will attempt to obtain a consent form as soon as reasonably practicable

after the delivery of treatment. If your physician is unable to obtain a consent and is required by law to treat you, he may still use or disclose your medical information in order to treat you.

Legal Proceedings: We may disclose medical information about you in a response to a court or administrative order in the event you are involved in a lawsuit or a dispute. We may disclose medical information about you in response to a subpoena, or other lawful process by someone else involved in the dispute, but only if required by law or if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Marketing: We will not use your medical information for marketing purposes without your authorization. We must obtain your authorization for all marketing purposes except for face-to-face conversations about services and treatment alternatives.

Public Benefit: We may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- Public Health activities including disease and vital statistics reporting, child abuse reporting, adult protective services and FDA oversight
- Employers, regarding work-related illness or injury
- Cancer Registry
- Trauma Registry
- Birth Registry
- Health Oversight Agencies
- In response to court and administrative orders and other lawful processes
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person
- To coroners, medical examiners and funeral directors
- To organ procurement organizations
- To avert a serious threat to health or safety
- In connection with certain research activities
- To correctional institutions regarding inmates
- As authorized by state worker's compensation laws
- To the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody

Individual Rights: You have the right to review or receive a copy of your medical information, with limited exceptions. You must make a request in writing to obtain access to your medical information. You may obtain a form to request a copy of your medical information.

Accounting of Disclosures: You have the right to request to receive an accounting of all uses and disclosures of your health information that was not authorized by you and that was not used, by an Affiliate Entity or a business associate, for the sole purposes of treatment, payment and health care operations. You must request this accounting in writing. This accounting is maintained for a period of 6 years and may not include dates prior to April 14, 2003. The first list you request within a 12-month period will be provided to you at no cost. For additional lists, 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.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). You must make this request in writing.

Confidential Communications: You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. You must make your request in writing. We must accommodate your request if: it is reasonable; specifies the alternative mean or location; and provides a satisfactory explanation of how payments will be handled under the alternative means or location you

Amendment: You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement or disagreement to be appended to the information you want amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, (including people you name) of the amendment and to include the changes in any future disclosures of the information.

Electronic Notice: If you view this Notice on our Web site or be electronic mail (e-mail), you are entitled to receive a copy of this Notice in written form. Please contact us as directed below to obtain this Notice in written form.

Complaints: If you believe that your privacy rights have been violated, you may file a complaint with us and /or the Secretary of the Department of Health and Human Services. We support your right to protect the privacy of your Protected Health Information and will not retaliate against you for filing a complaint. The Contact information for the United States Department of Health and Human Services is: U.S. Department of Health and Human Services, HIPAA Complaint, 7500 Security Blvd., C5-24-04, Baltimore, MD 21244.

Questions or Concerns: If you would like more information about our privacy practices or have questions or concerns about this Notice, please contact our Privacy Office at the number listed below. If you believe your privacy rights have been violated, you may file a complaint, in writing, to the Coastal Plastic Surgery, Attn: Privacy Office located at 1015 Med.Cnt. Blvd., Suite 1800, Webster, TX 77598 or by calling (281) 282-9300.