

## HIPAA 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 PLEASE SPEAK WITH THE RECEPTIONIST.**

### WHO WILL FOLLOW THIS NOTICE

This notice describes our facility's practices and that of:

- All employees, staff and other personnel
- Any health care professional authorized to enter information into your file or record
- All entities, sites and locations within Oklahoma Plastic Surgeons follow the terms of this notice. In addition, sites and locations may share medical information with each other for treatment, payment or healthcare operations purposes described in this notice.

### OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive in our facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care. This notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain 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
- Follow the terms of the notice that is currently in effect
- Give you this notice of our legal duties and privacy practices with respect to protected medical information about you

### HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

This notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

- **For Treatment:** We may/will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party such as doctors, nurses, technicians, pharmacists, or other personnel who are involved in your care. For example: we would disclose your protected health information as necessary, to a home health agency or other people outside the practice who may be involved in your medical care. Or, your protected health information may be provided to a physician to whom you have been referred to, to ensure that the physician has the necessary information to diagnose or treat you.
- **For Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services and treatment you receive. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission. We may use and disclose your information to obtain payment from third parties that may be responsible for such costs, such as family members. We may use your information to bill you directly for services and items.
- **Appointment Reminders:** We may use and disclose protected medical information to contact you as a reminder that you have an appointment for treatment or medical care.
- **Treatment Alternatives and Health-Related Benefits and Services:** We may use and disclose protected medical information to tell you about or recommend possible treatment options or alternatives and health-related benefits and services that may be of interest to you.
- **Individuals Involved In Your Care or For Payment of Your Care:** We may release protected medical information about you to a designated family member or friend who is involved in your medical care. We may give information to someone who helps pay for your care. In addition, we may disclose protected medical information about you to an entity assisting in a disaster relief effort, so that your family can be notified about your condition, status or location.
- **Research:** Under certain circumstances, we may use and disclose protected medical information about you for research purposes. All research projects are subject to a special approval process. The process evaluates a proposed research project and its use of your information, trying to balance the research needs with patients need for privacy of the medical information. However, we may disclose medical information about you to people preparing to conduct a research project, though we will ask for your specific permission to give a researcher your name, address or other information that reveals your identity. In rare cases, your permission may be waived by federal, state and local law.
- **As Required By Law:** We will disclose protected medical information about you when required to do so by federal, state and local law.
- **To Avert a Serious Threat to Health or Safety:** We may need to use and disclose protected medical 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. Any disclosure would only be to someone able to prevent the threat.
- **For Other Permitted and Required Uses and Disclosures:** These will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the users or disclosure indicated in the authorization.

(Continued on Reverse Side)

### SPECIAL SITUATIONS

- **Organ and Tissue Donation:** If you are an organ donor, we may release protected medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans:** If you are a member of the armed forces, we may release protected medical information about you as required by military command authorities. We may also release medical information to a foreign military authority, if you are in their service.
- **Workers' Compensation:** We may release protected medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. State and/or federal law control release of such information.
- **Public Health Risks:** We may disclose protected medical information about you for public health activities. These activities include the following:
  - To prevent or control disease, injury or disability, to report births and deaths, to report known or suspected crime, to report child abuse or neglect, to report vulnerable adult abuse, to report reactions to medications or problems with products, to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, to notify appropriate government authority if we believe a patient has been the victim of domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities:** We may disclose protected medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose protected medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**YOUR RIGHTS**

Following is a statement of your rights with respect to your protected health information.

- **You have the right to inspect and copy your protected health information.** Under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; protected health information that is subject to law that prohibits access to protected health information.
- **You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another health care professional.
- **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.**
- **You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.**
- **You have the right to have your physician amend your protected health information.** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

**COMPLAINTS**

You may complain to us or to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on/or before April 14, 2003.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this for, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.

Signature below is only acknowledgement that you have received this notice of our privacy practices.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Oklahoma Plastic Surgeons**  
**Paul Silverstein, M.D. Clinton B. Webster, M.D.**  
**3705 Northwest 63<sup>rd</sup> Street, Suite 204**  
**Oklahoma City, Oklahoma 73116**  
**(405) 842-9732**