

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.

This notice **applies to the entitles and clinics listed at the end of this notice.**

Our Duties

By law, we must keep protected health information ("PHI") private. The federal government defines protected health information as any information, whether oral, electronic or paper, which is created or received by us and relates to a patient's health care or payment for the provision of medical services. This includes not only the results of tests and notes written by doctors, nurses and other clinical personnel, but also certain demographic information (such as you name, address and telephone number) that is related to your health records.

We are required by law to give you this notice and to follow the terms and conditions of the notice that is currently in effect.

The Health care Providers Covered by This Notice

This notice covers this clinic and its employees, volunteers, students and trainees. The notice also covers other health care providers that come to our facilities to care for patients (such as physicians, physician assistants, therapists and other health care providers not employed by the clinic), unless these other health care providers give you their own notice of privacy practices that describes how they will protect your medical information. We may share your medical information with these other health care providers for treatment, payment and health care operations purposes. This arrangement is only for sharing Information and not for any other purpose.

Use and Disclosure of PHI:

Below is a list of the most common circumstances in which we may use or share your PHI:

For Treatment: We may need to use or share PHI about you with people involved in your care. For example, a doctor may need to look at your medical history before treating you.

For Payment: We may use and disclose your PHI to bill and receive payment for the care and treatment that you received. For example, we may share your medical information with your insurance company about a service you received so that your insurance company can pay us or reimburse you for the service.

For Health Care Operations: We may use and disclose PHI about you for our operations. For example, we may share PHI about you to evaluate our doctor's and nurses' performance in caring for you.

For Research: We may share your PHI with researchers with your authorization or when their research has been approved by an institutional review board (IRB) that has reviewed the research proposal and established protocols (waiver of permission) to ensure the privacy of your protected health information.

Other Uses and Disclosures of PHI:

We may also use or share PHI in the following circumstances:

- When it is needed for public health activities; we are required or permitted by law to report the occurrence of communicable diseases.
- When reporting information about victims of abuse, neglect or domestic violence.
- When sharing information for health oversight activities; we may share your PHI with the agency that oversees health care system programs, such as Medicare and Medicaid.

- When sharing information for judicial and administrative proceedings; we may share your PHI in response to a legal order or other lawful process.
- When sharing information for law enforcement purposes; we may share your PHI with the police or other law enforcement officials as required or permitted by law or in compliance with a court order or subpoena.
- We may share PHI about deceased persons with medical examiners, coroners, and funeral directors.
- When sharing or using PHI for organ and tissue donation purposes; we may share your PHI with organizations that facilitate organ, eye, or tissue procurement, banking or transplantation.
- When we believe in good faith that sharing PHI is necessary to avert a serious health or safety threat.
- When sharing PHI is necessary to comply with workers' compensation laws or related purposes.
- When required by state, federal or other law; we may use and share your PHI when required to do so by any other law not already referred to above.
- We may share PHI about you with a public or private entity that is authorized by law or its charter to assist in disaster relief efforts (**e.g.**, the American Red Cross).

Permissive Uses or Disclosures

We may use or share your PHI for any of the purposes described in this section unless you specifically request that we do not. Your written request must be submitted to your care provider or to the Health Information Management Office listed at the end of this notice.

- We may contact you to remind you of an appointment.
- We may contact you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- We may include certain limited information about you in our patient directory. This information may include your name, location in the facility your general condition (e.g. fair, stable, etc.) and your religious affiliation (If provided). The directory information, except for your religious affiliation, may be shared with people who ask for you by name.
- We may contact you to seek private support for our mission and provide information about certain activities, including fundraising programs and events. If you wish that your information not be used for such purposes, please contact the Director of Health Information listed at the end of this notice.
- We may share PHI about you with a friend, family member, personal representative, or any individual you identify who is involved in your care. We can tell these individuals of your condition and that you are receiving treatment or services. We can also give this information to someone who will help or is helping to pay for your care.

Uses and Disclosures Requiring Your Written Permission (Authorization)

- **Use or Disclosure with your Permission.** For any purpose other than the ones described in this notice, we may only use or share your PHI when you grant us written permission (authorization). For example, you will need to give us your written permission before we send your PHI to your life insurance company.
- **Marketing.** We must obtain your written permission prior to using your PHI to send marketing materials. For example, we may not sell your PHI without your written authorization. We may, however, communicate with you about products or services related to your treatment, case management, care coordination or alternative treatments, therapies, health care providers or care settings without your permission.

Revoking Your Authorization

If you give us written permission (authorization) to use or share your PHI, you can change your mind and take back your authorization at any time, if you do so in writing. If you revoke your authorization, we will no longer use or disclose the information, but we will not be able to take back any information that we have already shared.

Patient Rights with Response to PHI

- **Right to Request Restrictions:** You have the right to request that we restrict use or disclosure of your PHI for treatment, payment, or health care operations. With one exception, we are not required to agree to your request. If you ask us not to share your information with your health plan we will not disclose your PHI to the health plan if you pay the full cost of your care in advance.
- **Right to Request Confidential Communication:** You have the right to request PHI in a certain form or at a specific location. Your request must be in writing. For instance, you can request that we do not contact you at work, and you can tell us how and/or where you want to receive information. We will accommodate reasonable requests. If your request for confidential communication is approved, we will honor your request until you tell us in writing that you revoke the request for the confidential communication.
- **Right to Inspect and Copy Your PHI:** You have the right to review and/or ask for a copy of your PHI, including medical records, billing records and other records. Your request must be in writing. If you request copies of information, we may charge a fee for costs associated with your request, including the cost of copies, postage or other supplies. You also have a right to an electronic copy of your information. In rare circumstances we may deny access to your PHI. If access is denied, you can request that the denial be reviewed. A licensed health care professional chosen by us will review your request and make a final decision as to whether the information should be released.
- **Right to Request Amendment to your PHI:** You have a right to request that your PHI be amended (changed) if you believe that it is incorrect or incomplete. Your request must be in writing. You must obtain the request form from the Health Information Management Office, listed at the end of this notice, or your provider, submit the completed form and provide the reason that you want the amendment.

We can deny your request if: (1) it is not in writing or it does not include a reason why the information should be changed; (2) the information you want to change was not created by us; (3) the information is not part of the medical record kept by us; (4) the information is not part of the information that you are permitted to inspect or copy; or (5) the information contained in the record is accurate and complete.

- **Right to an Accounting of Disclosures:** You have the right to receive an accounting of disclosures of medical information that we have made, with some exceptions. Your request must be in writing and must state the time period for the requested information. We will not provide this information for a time greater than six (6) years from the date of your request. You have the right to receive one (1) free accounting every twelve (12) months. If you request more than one (1) accounting in any twelve (12) month period, we may charge you a reasonable fee for the costs of providing that list.

Right to Receive a Copy of the Notice of Privacy Practices: You have the right to a paper copy of this Notice. You may print a copy of this from our website. If you want a paper copy of this notice mailed to you, or to exercise any of your rights outlined above, please send a written request to the Director of Health Information Management listed at the end of this notice.

Privacy Complaints

If you have any questions about the content of this Notice, if you believe that we have violated any of your privacy rights or did not follow the Information contained in this Notice of Privacy Practices, or if you have concerns about the privacy of your protected health information, please contact the Privacy Officer for the provider where you obtained health care services listed at the end of this notice.

You may also file a complaint with the Office for Civil Rights (OCR). We will not retaliate against you for filing a complaint with us or with the OCR.

Changes to This Notice

We reserve the right to change or modify the information contained in this notice at any time. If we change the notice, we may make the new terms effective for all PHI that we maintain. Any changes that we make will comply with appropriate federal, state and other laws. We will make the most recent copy of this notice available to our patients and post it in our facilities. You can also call or write the Director of Health Information Management listed at the end of this notice to obtain the most recent version of this notice.

Pearl Plastic Surgery

Contact Information

Privacy Officer

P: 360-878-9300

F: 360-878-9666

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

We keep a record of the health care services we provide to you. You may ask to see and copy that record in person or through patient portal in ATHENA. You may also ask to have that record corrected. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You can get more information about It by contacting the Clinic Privacy Officer listed below.

Our **NOTICE OF PRIVACY PRACTICES** describes in more detail how your health Information may be used and disclosed, and how you can access your information.

I have read & received the Notice of Privacy Practices. I have had the opportunity to ask questions and have had my questions answered to my satisfaction.

Patient Name: _____

Relationship to Patient: _____

Signature: _____

Date: _____

Pearl Plastic Surgery

Contact Information

Privacy Officer

P: 360-878-9300

F: 360-878-9666