
Notice of Privacy Practices

The following information contains descriptions on how your medical records may be used, disclosed and how you are able to obtain access to this information. Please review the contents of this letter carefully.

In accordance with the Health Insurance Portability and Accountability Act, we are required by law to provide you with this notice that explains our privacy practices with regard to your medical, information and how we may use and disclose your protected health information for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information and we also describe them in this letter.

Ways in which we may use and disclose your protected health information:

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We will also disclose your health information to other physicians who may be treating you. Additionally, we may from time to time disclose your health information to another physician who we have requested to be involved in your care. *For Example* - we would disclose your health information to a specialist to whom we have referred you for a diagnosis to help in your treatment.

Payment: We will use and disclose your protected health information to payment for the health services provided from our office. *For Example* - We may include information with a bill to a third-party payer that identifies you, your diagnosis, procedures performed, and supplies used in rendering the service.

Healthcare Operations: We will use and disclose your protected health information to support the business activities of our practice. *For Example* - We may use medical information about you to review and evaluate our staff's performance while caring for you. In addition, we may disclose your health information to third-party business associates who perform billing, consulting, or transcription services for our practice.

Other means of use and disclosing of your protected health information:

Appointment Scheduling: We will use and disclose your protected health information to contact you regarding any new, or follow-up consultations to be scheduled.

Treatment Alternatives: We will use and disclose your protected health information to tell you about / or recommend possible alternative treatment or options that may be of interest to you.

Others Involved In Your Care: We will use and disclose your protected health information to researchers provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

As Required By Law: We will use and disclose your protected health information when required to by federal, state or local law. You will be notified of any such disclosures.

To Avert a Serious Threat to Public Health or Safety: We will use and disclose your protected health information to a public health authority that is permitted to collect or receive the information for the purpose of controlling disease, injury, or disability. If directed by that health authority, we will also disclose your health information to a foreign government agency that is collaborating with the public health authority.

Workers Compensation: We will use and disclose your protected health information for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

Inmates: We will use and disclose your protected health information to a correctional institution or law enforcement official if you are an inmate of that correctional institution or under the custody of the law enforcement official

Your health information rights:

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to inspect and copy the protected health information that we maintain about you in our designated record set for as long as we maintain that information. This includes ALL records maintained: Medical, Outside, Demographics and Billing. If you wish to inspect and copy your medical records, submit a written request to: The OC Center for Facial Plastic Surgery, 16300 Sand Canyon Ave, Suite 201, Irvine, CA 92618. We will respond within 30 days of your request.

Patient's or Patient's Representative's Signature: _____

_____ Date

Print Patient's or Patient's Representative's Name: _____