

PLASTIC SURGERY & DERMATOLOGY ASSOCIATES
RECONSTRUCTIVE PLASTIC SURGERY CONSULTANTS

Notice of Privacy Practices

This notice describes how medical information about you may be used or disclosed and how you can get access to this information. Please review this carefully.

About this Notice:

We are required by law to maintain the privacy of Protected Health Information and to give you this Notice explaining our privacy practices with regard to that information. You have certain rights- and we have certain legal obligations. We are required to abide by the terms of the current version of this Notices

If you have any questions about this notice or if your need more information, please contact our office:

Mailing:
8501 Arlington Blvd Suite 310
Fairfax, VA 22031
Phone: 703-645-0077
Effective Date: October 2014

***From here on out Protected Health Information will be known as PHI.**

What is Protected Health Information?

PHI is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payments for your health care.

How we may use and disclose your protected health information.

We may use and disclose your PHI in the following circumstances:

***For Treatment.** We may use or disclose your PHI to give you medical treatment or services and to manage and coordinate your medical care. For example, your PHI may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service.

***For Payment.** We may use or disclose your PHI so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommended for you, such as determination of eligibility or coverage for insurance benefits, medical necessity and utilization review activities. We may need to provide your PHI to your health plan for their review.

***Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services.** We may use and disclose PHI to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternative or health related benefits and services that may be of interest to you.

***Minors.** We may disclose the PHI of minor children to their parents or guardians (unless such disclosure is otherwise prohibited by law).

***Research.** We may use and disclose your PHI for research purposes. At no time will patient identifiers be revealed.

***As Required By Law.** We will disclose PHI about you when required to do so by international, federal, state or local law.

***To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI when necessary to prevent a serious threat to your health or safety or to the health and safety of others. Information will only be disclosed to those who are able to help prevent the threat.

***Business Associates.** We may disclose information to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example a billing company, transcription service. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.

***Worker's Compensation.** We may use or disclose PHI for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

***Public Health Risk.** We may disclose PHI for public health activities. This includes disclosure to: 1) a person subject to the jurisdiction of the Food and Drug Administration for purposes related to quality, safety or effectiveness for FDA regulated products;

2) prevent or control disease, injury or disability; 3) report births and deaths; 4) report child abuse or neglect; 5) report reactions to medication or problem products; 6) notify people of recalls of products they may be using; and 7) a person who may have been exposed to a disease or be at risk for contracting or spreading a disease or condition.

***Abuse, Neglect, or Domestic Violence.** We may disclose PHI to the appropriate government authority if we believe a patient has been a victim of abuse, neglect, or domestic violence and the patient agrees or we are required by law to make that disclosure.

***Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance laws.

***Data Breach Notification Purposes.** We may use or disclose PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

***Disputes.** We may disclose PHI in response to a court administrative order. We also may disclose PHI in response to a subpoena, or other legal process from someone else involved in the dispute. We may use your PHI to defend ourselves in the event of a lawsuit.

***Law Enforcement.** We may disclose PHI for law enforcement purposes, so long as applicable legal requirements are met.

***Military Activity and National Security.** If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your PHI to authorized officials so they may carry out their legal duties under the law.

***Coroners, Medical Examiners, and Funeral Directors.** We may disclose PHI to a coroner, medical examiner, or funeral director so that they can carry out their duties.

***Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official if the disclosure is necessary, 1) for the institution to provide you with health care; 2) to protect your health and safety or health and safety of others; 3) health and safety of the correctional institution.

Uses and Disclosure That Require Us to Give You an Opportunity to Object and Opt Out.

***Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based, on our professional judgment.

***Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

Your Written Authorization is Required for Other Uses and Disclosures.

The following uses and disclosures of your PHI will be made only with your written authorization:

1. Most uses and disclosures of psychotherapy notes;
2. Uses and disclosure of PHI for marketing purposes.

Other uses and disclosure of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our office and we will no longer disclose PHI under the authorization. Disclosures made in reliance on your authorization before you revoked it will not be affected by the revocation.

State/District Law Protections

Please note that if state of District of Columbia law (whichever is applicable) is more restrictive than federal, we will follow the more restrictive law.

Your Rights Regarding Your Protected Health Information

You have the following rights, subject to certain limitations regarding your PHI:

***Right to Inspect and Copy.** You have the right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the cost of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

***Right to a Summary or Explanation.** We can also provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI which has been provided to you, so long as you agree to the alternative form and pay the associated fees.

***Right to an Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (known as electronic medical record or EMR), you have the right to request that an electronic copy which will be accessible by our patient portal.

***Right to Get Notice of a Breach.** You have the right to be notified upon breach of any of your unsecured PHI.

***Right to Request Amendments.**

If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request and amendment for as long as the information is kept by or for us. A request for amendment must be in writing to our office and must state the reason for the request. In certain cases, we may deny your request for an amendment. If we deny your request 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 such rebuttal.

***Right to an Accounting of Disclosure.** You have the right to ask for an "accounting of disclosures" which is a list of the disclosure we made of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, for a

resident directory, to family members or friends involved in your care, or for notification purposes.

***Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purpose of payment or health care operations, and we will honor that request.

***Right to Request Confidential Communications.** You have the right to request that we communicate with you only in a certain way to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. We will accommodate all reasonable requests.

***Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically.

How to Exercise Your Rights

To exercise your rights described in this Notice, send your request in writing, to our office at the address listed at the beginning of this Notice. We may ask you to fill out a form that we will supply. To exercise your rights to inspect and copy your PHI, you may also contact our office. To get a paper copy of this Notice you may come into our office, view it on our website or contact our office for mailing options.

Complaints

You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated.

To file a complaint with us, contact our office at the address listed at the beginning of this Notice. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation.

To file a complaint with the Secretary, Mail it to:

Secretary of the U.S. Department of Health and Human Services
200 Independence Ave S.W
Washington, DC 20201

Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create in the future. A copy of our current Notice is posted in our office and our website.