

ALEXIS D. FURZE, M.D., F.A.C.S.

Facial Plastic & Reconstructive Surgery ♦ Nasal & Sinus Surgery ♦ Head & Neck Surgery

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 use medical information about you to provide your medical care. We disclose medical information to our employees and involved in providing the care you need. 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. We may also disclose medical information to members of your family or others who can help you when you are sick and or injured.

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.

Health Information Exchange: This practice is participating in the Hoag Health Information Exchange (HIE), an electronic system through which it and other participating healthcare providers can share patient information according to nationally recognized standards and in compliance with federal and state law that protects your privacy. Through the HIE, your participating providers will be able to access information about you that is necessary for your treatment, unless you choose to have your information withheld from the HIE by personally opting out from participation.

If you choose to opt out of the HIE (that is, if you feel that your medical information should not be shared through the HIE), we will continue to use your medical information in accordance with this Notice of Privacy Practices and the law, but will not make it available to others through the HIE. To opt out of the HIE, please contact the Hoag Director of Health Information Exchange in writing at One Hoag Drive, Newport Beach, CA 92663, or by telephone at 949-764-8722.

Appointment Scheduling & Reminders: We will use and disclose your protected health information to contact you regarding any new, or follow-up consultations to be scheduled. If you are not home, we may leave information on your voice mailbox or leave a message with the person answering the phone.

Sign In Sheet: We will use and disclose your protected health information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you in clinic. Others who sign in may see your name.

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. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

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.

Marketing: We will not sell your personal protected health information. We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you. This may include promotional items with a small value. We may also encourage you to purchase a product or service when we see you. We will not use or disclose your protected medical information without your written authorization.

Research: We will use and disclose your protected medical information to researchers conducting research with respect to which your written authorization is not required approved by an Institutional Review Board or privacy board, in compliance with governing law.

Change of Ownership: In the event that this medical practice is sold or merged with another organization, your health information/record will become property of the new owner, although you will maintain the right to request copies of your health information be transferred to another physician or medical group.

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.

When this medical practice may not use or disclose your health information: Except as described in this Notice of Privacy Practices, this medical practice will not use health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization at any time by written request.

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 attain a copy of the information in your protected medical records.

You have the right to attain a copy of your protected health information that we maintain electronically 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: Alexis D. Furze, MD, 446 Old Newport Blvd., Ste #201, Newport Beach, CA 92663. We will respond within 15 days of your request.

Right to Amend or Supplement: You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial.

We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment). If you would not be permitted to inspect or copy the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

Right to an Accounting of Disclosures: You have a right to receive an accounting of disclosures of your health information made by this medical practice except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as a described in paragraphs above. This Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

You have a right to a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our practice Privacy Officer.

Changes to this Notice of Privacy Practices: We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our waiting area, and will offer you a copy at each appointment.

Complaints: Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the Department of Health and Human Services (DHHS), Office of Civil Rights, Hubert H. Humphrey bldg., 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, DC 20201.