

Notice of Privacy Practices

Plastic Surgery Associates of Tulsa

Effective Date: April 14,2003

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.

Purpose of This Notice

The federal government's Health Insurance Portability and Accountability Act (HIPAA), requires each covered health care provider to issue a privacy notice to its patients. This notice describes how we may use and disclose your personal health information to provide treatment, obtain payment, or for other health care operations and for purposes that are required and permitted by law. This notice also outlines our legal duties for protecting the privacy of your health information and explains your rights to have your health information protected. Patient medical records and billing information are created and maintained by Plastic Surgery Associates of Tulsa, P.L.L.C. This information is personal and every effort is made to protect your privacy and ensure that it is not used inappropriately.

How We May Use or Disclose Your Health Information

The following categories are examples of the way we use and disclose health information:

- 1) **Treatment:** We will use your health care information to provide medical treatment or services to you. Your information will be disclosed to your physician, the nurses, and any other consulting physicians or providers to ensure they have all necessary information to diagnose and treat you. Your medical information may also be disclosed to persons outside our practice who may be involved in your care such as family members
- 2) **Payment:** We may use and disclose your medical information to others, such as insurance companies or third party payers, in order to be reimbursed for the services provided. Information to be disclosed includes your name, diagnosis, and procedure performed. We may also disclose your information in order to obtain prior approval for an upcoming procedure or service. We may need to disclose your information to a patient financing program in order to obtain financial support for your care
- 3) **For Health Care Operations:** We may use and disclose your health information to operate our practice. For example, your health information may be used for quality assurance, necessary credentialing, and other essential activities. We will ask that you sign your name to a sign in sheet at the front desk and we will call your name in the waiting room when we call you in for your appointment. We may disclose your information to a third party that performs services such as, transcription, billing, and collections on our behalf. In these instances, we have a written contract with each business associate to require them to protect the confidentiality of your medical information.
- 4) **Appointment Reminders:** We may use and disclose your health information in order to contact you and remind you of an upcoming appointment.
- 5) **Notification and Communication with Family:** We may release your health information, including information about your condition, to a family member or another person involved in your care, unless you ask us not to. We may also disclose your information to a disaster relief organization such as the Red Cross, so that they may notify family of your status.
- 6) **With Your Authorization:** We may disclose your information for purposes not otherwise described in this notice with your written authorization. You may revoke authorization at any time, in writing, but only pertaining to future disclosures, and not on any disclosures that were already made in faith of your current authorization. Your written wish to revoke disclosure should be delivered to the compliance officer.
- 7) **Required by Law:** We may disclose your information when it is required by federal, state, or local law, but only to the extent and under the circumstances stated in that law. We may be required to release your personal health information in response to a court order or subpoena, but only if efforts are made to notify you of such request.
- 8) **Public Health and Safety:** We may use and disclose your health information for public health activities, including the following:
 - To prevent or control disease, injury, or disability;
 - To report births or deaths

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- To report child abuse or neglect;
 - To report adverse events, product defects, or problems;
 - To report to a cancer/tumor registry;
 - To track FDA-regulated products;
 - To notify people and enable product recalls; and
 - To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition.
- 9) **Specialized Government Functions:** We may disclose your medical information for military or national security purposes, national intelligence, protection of the President, or to correctional institutions or law enforcement officers that have you in their lawful custody.
- 10) **Military:** If you are a member of the armed forces, we may disclose your health information to military command forces.
- 11) **Health Oversight Activities:** We may disclose protected health information to health oversight agencies for activities authorized by law. These government activities include monitoring the health care system, government benefit programs, and compliance with applicable laws.
- 12) **Coroners, Medical Examiners, and Funeral Directors:** We may disclose your information to a coroner or medical examiner in connection with their investigations of death and to funeral directors to assist them in performing their duties.
- 13) **Organ or Tissue Donation:** If you are an organ donor, we may disclose health information to any agency that handles the procurement, banking, or transplanting of organs or tissues.
- 14) **Law Enforcement:** Your health information may be disclosed to law enforcement authorities to identify or locate a suspect, fugitive, or witness, or victims of crime (with your consent in some circumstances) and to report possible deaths caused by criminal activity or to report crime on the premises.

Your Rights Regarding Your Health Information

You have the following rights regarding health information we maintain about you:

- 1) To receive a paper copy of this Notice of Privacy Practices.
- 2) To request restrictions, in writing, on certain uses and disclosures of information. The request should specify what restrictions and what limitations you wish to have imposed. By law, **we are not required to agree with your request.** If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- 3) To request that your medical information be communicated in a certain manner or at a certain location. For example, you may wish to only be contacted at home or only by mail. We will comply with all reasonable requests submitted.
- 4) To review and obtain a copy of your medical records. To inspect and copy your health information, you must make your request in writing by filling out the appropriate form provided by us. If you request a copy of your records, we may charge under Oklahoma law a fee of \$0.25 per page.
- 5) To request amendment to your records that you believe is incorrect or incomplete. You must make your request in writing and state the reasons why you feel the records are inaccurate or incomplete. We may deny your request for amendment and will provide you with a copy of why your request was denied. If your request is accepted, we may not delete any information in your medical record. You also have the right to request to add a written statement of disagreement with us to your medical record.
- 6) To receive an accounting of disclosures made of your health information. Please note that certain disclosures including those made for treatment, payment, health care operations or certain government functions, need not be included in the accounting we provide to you.
- 7) To complain about this Notice of Privacy Practices or how this medical office handles your health information, please contact the Privacy Officer at the address and phone number listed below. No retaliation will be made against a patient for filing a complaint.

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CHANGES TO THIS NOTICE:

We reserve the right to change the terms of this notice at any time. After an amendment, the new Notice of Privacy Practices will be in effect for all health information we retain, as well as any we receive in the future. A copy of the revised notice will be available to you at each appointment.

**Contact: Privacy Officer
Plastic Surgery Associates of Tulsa
6585 S Yale, Suite 1020
Tulsa, OK 74136-8370
(918) 481-2900**