

Thompson Center for Plastic Surgery  
HIPAA Notice of Privacy  
Effective 3/30/17

Please contact our Privacy Officer Risa Curtis with any further questions, 732-410-4789

- I. 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.
- II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

We are legally required to protect the privacy of your health information. We call this information “protected health information” or PHI. It includes information that can be used to identify you that we have created or received about your past, present, or future health condition, the provision of care to you, or the payment of this healthcare. We must provide you with this notice about our privacy practices that explains how, when, and why we used and disclosed your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use and disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Before we make an important change to our policies we will promptly change this notice and post a new notice in the main reception area, we will also post an updated privacy policy on the Thompson Center for Plastic Surgery website. You can also request a copy of this notice from the contact person listed as the privacy officer.

III. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

We use and disclose health information for many different reasons. For some of these uses or disclosures we need your prior consent or specific authorization. Below, we describe the different categories of uses and disclosures.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations do not require your written consent.

1. For treatment. We may disclose your PHI to hospitals, physicians, nurses, and other health care services who are involved in your care. For example, if you’re being treated for a knee injury, we may disclose your PHI to an x-ray technician in order to coordinate your care.
2. To obtain payment for treatment. We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you.

3. for health care operations. We may disclose your PHI in order to operate this practice. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.
4. If you need emergency treatment as long as we try to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) and we think you would consent if you were able to do so.
5. For public health activities. For example, we report information about births, deaths, and various diseases, to government officials in charge of collecting information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.
6. For health oversight activities. For example we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
7. For purposes of organ donation. We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.
8. For research purposes in certain circumstances we may provide PHI in order to conduct medical research.
9. To avoid harm. In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
10. For specific government functions. We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations. When a disclosure is required by federal, state, or local law, judicial, or administrative proceedings, or law enforcement. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence, when dealing with gunshot or other wounds; or when ordered in a judicial or administrative proceeding.
11. For workers' compensation purposes. We may provide PHI in order to comply with worker's compensation laws.
12. Appointment reminders and health-related benefits or services. We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services, benefits, treatments and products we may offer.

## Use and Disclosure Where You to Have the opportunity of Object:

1. Disclosure to family, friends, or others. We may provide your PHI, to family member, friend or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

All Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and discloses to the extent that we haven't taken any action relying on authorization.

## WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.

You may have the following rights with respect to your PHI:

1. The right to Request Limits on Uses and Disclosure of your PHI. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but we are not legally required to accept it. If we accept your request we will put any limits in writing and abide by them except in emergency situations. You may not limit that uses and disclosures that we are legally required or allowed to make.
2. The Right to Choose How We Send PHI to You. You have the right to ask that we send information to an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, email instead of regular mail). We must agree to your request so long as we can easily provide it in that format you requested.
3. The Right to See and Get Copies of Your PHI. In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have a denial reviewed.

If you request copies of your PHI, we will charge you no more than \$10 or 10% of the copying cost, whichever is less. Instead of providing the PHI you requested, we may provide you with a summary or explanation of PHI as long as you agree to that and to the cost in advance.

4. The Right to Get a List of Disclosures we have made. You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, to your family, or in our facility, or in our facility directory. The list also won't include uses and disclosures made for national security purposes, to corrections and law enforcement personnel, or before April 15,

2009. We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you \$10.00 for each additional request. The potential that information disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and any disclosures made prior to a revocation will not eradicate any disclosures already made.

5. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI or that a piece of information is missing you have the right to request that we correct the existing information or add the missing information. We will respond within 60 days of receiving your request in writing. You must provide the request and your reason for the request in writing. We may deny your request in writing if the PHI is (i) correct (ii) not created by us (iii) not allowed to be disclosed, or (iv) not part of our records.

Disclosures of your PHI. If we approve your request, we will make the changes to your PHI, tell you that we have done it, and tell others that need to know about the changes to your PHI.

6. The Right to Get this Notice by E-mail. You have the right to get a copy of this notice by email. Even if you have agreed to receive notice via email, you also have the right to request a paper copy of this notice.

7. Ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization.

\*Consequences of refusal to sign when there is a lawful ability to condition treatment, payment, enrollment or eligibility for benefits on the authorization.

#### DATA BREACH NOTIFICATION

Thompson Center for Plastic Surgery is required to notify all affected individuals of breaches of their unsecured PHI. A breach is defined as presumption that there has been an impermissible use or disclosure of your PHI. Notification will be provided in written form by first-class mail, or alternatively, by e-mail if you agree to receive such notices electronically. A notification will be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and will include, to the extent possible, a description of the breach, a description of the types of information that was involved in the breach, the steps you should take to protect yourself from potential harm, a brief description of what the covered entity is doing to investigate the breach, mitigate the harm, and prevent further breaches, as well as contact information for Thompson Center for Plastic Surgery.

## HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Ave., S.W., Room 615F, Washington, D.C. 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices.

Signature \_\_\_\_\_

Date \_\_\_\_\_