

DESERT HILLS

PLASTIC SURGERY CENTER

10001 South Eastern Avenue, Suite 406
Henderson, Nevada 89052

NOTICE OF PRIVACY PRACTICES Effective 4- 14-2003

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

This page describes the type of information we gather about you, with whom that information may be shared and the safeguards we have in place to protect it. You have the right to the confidentiality of your medical information, and the right to approve or refuse the release of specific information except when law requires the release, or permitted by law without your authorization.

If you have questions about this notice, please contact our Privacy Officer at the above address.

This notice describes the Provider's practices regarding the use of your medical information and that of:

- . Any health care professional employed by Desert Hills Plastic Surgery Center who is authorized to enter information into your medical record.
- . Any member of a volunteer group we allow to help you.
- . All employees, staff, and other personnel who may need access to your information.
- . If we have, or in the future will have, multiple sites or locations, all of them will adhere to the provisions in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. Protecting medical information about you is important. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of personal medical information. We are required by law to:

- . Keep confidential any medical information that concerns your condition or treatment, how your care is paid for, and demographic information, if such information can be used to identify you;
- . give you this notice of our policies, procedures and information privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE & DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following listed are different ways that we may use and disclose information about you. If you require examples please ask for more information. **For Treatment, For Payment, For Health Care Operations Purposes, Appointment Reminders, Treatment Alternatives, Health –Related Benefits and Services, Individuals Involved in Your Care or Payment for Your Care, Research, As Required By Law, To Avert A Serious Threat to Health Or Safety, Fundraising Activities, Organ and Tissue Donation, Military & Veterans, Workers Compensation, Public Health Risks, Health Oversight Activities, Lawsuits and Disputes, Law Enforcement, Coroners, Medical Examiners, and Funeral Directors, Inmates in the Custody Of Law Enforcement.**

Where Nevada law and HIPAA regulations conflict, we will abide by the more stringent provision protecting your personal health information.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

Right to Inspect & Copy. You have the right to inspect and copy medical information that may be used to make a decision about your care. This includes medical and billing records, excludes psychotherapy notes. If you choose to do so, you must submit your request in writing to our Privacy Officer. A copying fee will apply, or other unusual supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied, you may request that the denial be reviewed and the next appropriate step will be taken.

Right to Amend. If you feel that the medical information we have about you is incorrect or incomplete, you have the right to request an amendment for as long as the information is kept.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, we may deny your request but will notify in writing as to the reason.

Right to an Accounting Of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of disclosures we made of medical information about you. This accounting will not include many routine disclosures.

To request this list, you must submit your request in writing to our Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates prior to April 14, 2003. A fee may apply.

Right to Request Restrictions. You have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or for the payment of your care, like a family member or friend. We are not required to agree with your request. If we do agree we will comply with your request unless the information needed is to provide you with emergency treatment. To request restrictions, you must make your requests in writing to our Privacy Officer and they will give you further instructions.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. However, if complying with your requests entails additional expense over our usual means of communication, a fee may apply.

Right to a Paper Copy of this Notice. You have a right to a copy of this notice.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Patient Education Room. The notice will contain, on the first page, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint, contact our Privacy Officer at the address and phone number below. All complaints must be in writing. You will not be penalized for filing a complaint.

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OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will thereafter no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made under your authorization. We are required to retain our records of the care that we provided to you for six years.

PRIVACY OFFICER

The Provider's Privacy Officer is:
Stephanie Yelle c/o Desert Hills Plastic Surgery Center
10001 South Eastern Avenue, Suite 406
Henderson, NV 89052 (702) 260-7707 Phone (702) 990-1972 Fax

ACKNOWLEDGEMENT

I hereby acknowledge that I have been presented this notice of Privacy Practices.

Print Name _____ Date _____

Signature _____

DESERT HILLS
PLASTIC SURGERY CENTER

AUTHORIZATION

I authorize Dr. Hayley Brown to use or disclose my protected health information and all other information necessary to carry out treatment or obtain payment.

_____ I authorize correspondence including phone calls, emails, and text messages to be sent to me.

_____ I authorize the release of information regarding my treatment to my spouse or family members listed below:

Name:

Relationship:

_____	_____
_____	_____
_____	_____
_____	_____

_____ I do NOT want any of my information released.

Print name _____ Date _____

Patient signature _____