NOTICE OF PRIVACY PRACTICES

Partners in Plastic Surgery ~ Dennis C. Hammond, MD, Andrea Van Pelt, MD and Terri Zomerlei, MD
4070 Lake Dr SE suite #202, Grand Rapids, MI 49546
Phone 616.464.4420 Fax 616.464.4354

THIS NOTICE IS HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2. OUR LEGAL DUTY

We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

3. WHAT DO WE USE YOUR INFORMATION FOR:

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you. Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

- We can use and disclose your health information as we pay for your health services. Example: We share information about you with your dental plan to coordinate payment for your dental work.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.

For certain health information, you can tell us your choices about what we share.

- If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will do our best to follow your instructions.
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Restricting Information Releases: You may request that any service that is paid for in full and out of pocket is not disclosed to your insurance company. Per law, requests must be in writing and identify what information is restricted and what insurance company is not to receive it.

Do research

- We can use or share your information for health research.
- Help with public health and safety issues

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We can share health information about you for certain situations such as:

- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Address workers' compensation, law enforcement, and other government requests
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- Respond to lawsuits and legal actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena

Release of information: Your written or verbal consent is required to release information in most circumstances. We do not disclose private health information for marketing to sales purposes.

4. YOUR INDIVIDUAL RIGHTS

YOU HAVE THE RIGHT TO:

1. Get a copy of your health and claims records • You can ask to see or get a copy of your health and claims records and other health information we have about you. • We will provide a copy or a summary of your health and claims records, within 30 days of your request.
2. Ask us to limit what we use or share • You can ask us not to use or share certain health information for treatment, payment, or our operations. • We are not required to agree to your request, and we may say "no" if it would affect your care.
3. Request confidential communications • You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.
4. Ask us to correct health and claims records • You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. • We may say "no" to your request, but we'll tell you why in writing within 60 days.
5. Get a copy of this privacy notice • You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
6. Choose someone to act for you • If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action

5. QUESTIONS AND COMPLAINTS

File a complaint if you feel your rights are violated

• You can complain if you feel we have violated your rights by contacting us using the information on page 1.

• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201, calling 202-619-0257, emailing ocrmail@hhs.gov or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

• We will not retaliate against you for filing a complaint.

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In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of *PHI* be made by alternate means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply):
(You are responsible for informing us of changes to any of your contact information.)

	DETAILED MESSAGE	**CALL-BACK # ONLY**
Home phone	☐	☐
Cell phone	☐	☐
Work phone	☐	☐
Other: _____	☐	☐

It is okay to send **written communication** to these addresses:

- ☐ Home address
- ☐ Email address
- ☐ Work address
- ☐ Other: _____

NOTE: We may not leave messages without your express permission. You **MUST** choose at least one method listed above by which we may contact you!

The Privacy Rule generally requires providers to take reasonable steps to limit the use or disclosure of, and requests for *PHI* to the minimum necessary to accomplish the intended purposes. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual.

Healthcare entities must keep records of PHI disclosures.

NOTE: USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS MAY BE PERMITTED WITHOUT PRIOR CONSENT IN AN EMERGENCY.

Please list authorized people with whom we can discuss your appointment times, post-op instructions, medication, surgery-related issues and other personal patient information.

NAME OF AUTHORIZED CONTACT	RELATIONSHIP TO PATIENT	HOME PHONE #	WORK / CELL #

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

_____ _____
Print Patient Legal Name Birthdate

_____ _____
Signature of Patient or Legal Guardian Date