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**HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT (HIPPA)
NOTICE OF PRIVACY PRACTICES**

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

Our office respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorized us to do so. The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnosis, treatment, and health information from other providers, billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment, payment and health care questions.

Examples of Use and Disclosures of protected Health Information for Treatment, Payment and Health Operations.

For Treatment

Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.

- We may also provide information to others providing your care. This will help them stay informed about your care.

For Payment

- We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans include your diagnoses performed, or recommended care.

For Health Care Operations

- We use your medical records to assess quality and improve service.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health related benefits and services.
- We may contact for billing issues.

We may use and disclose your information to conduct or arrange services, including: medical quality, review your health plan; accounting, legal risk management, and insurance services; audit functions, including fraud and abuse detection and compliance program.

Your Health Information Rights:

The health and billing records we create and store are the property of this practice. The protected health information in it, however generally belongs to you. You have a right to:

- Receive, read, and ask questions about this notice.
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. While we are not required to do so, we will attempt to accommodate any reasonable request.
- Request and receive from us a paper copy of the most current Notice of Privacy practices for protected health information.
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.
- Have us review a denial of access to your health information, except in certain circumstances.
- Ask us to amend your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.

- When you request, we will give you a list of disclosures of your health information. The list will not include disclosures for treatment, payment, health care operations, and those disclosures authorized by you or given to any made of law enforcement or correctional facilities of any made prior to April 14, 2003. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date and give us your request in writing.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes you cannot cancel an authorization if its purpose was to obtain insurance.

OUR RESPONSIBILITIES

We are required to keep your protected health information private, give you this Notice, and follow the terms of this Notice. We have the right to change our practice regarding the protected health information we maintain. If we make changes, we will update this Notice.

Other Disclosures and uses of Protected Health Information

Notification of Family and Others

- Personal health information may be disclosed to family members of those that you have designated to participate in your care. Patient’s wishing to limit the amount of information or restrict information to certain individuals my do so in writing to the office. In addition, we may disclose health information about you to assist in disaster relief efforts. You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

We may use and disclose your protected health information without your authorization as follows:

- With Medical Researchers-if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- To Funeral Directors and Coroners consistent with applicable law to allow them to carry out their duties.
- To organ Procurement Operations-tissue donation and transplant or persons who obtain, store or transplant organs.
- To the Food and Drug Administrations (FDA) relating to problems with food, supplements, and products.
- To comply with Workers Compensation law-if you make a claim.
- For Public Health and Safety Purposes as allowed or required by law.
- To prevent or reduce a serious, immediate threat to the health or safety of a person or the public. To public health or legal authorities. To protect public health and safety to prevent or control disease, injury, or disability a, and to report vital statistics such as births or death.
- To report suspected Abuse or neglect to public authorities.
- To Correctional Institutions if you were in jail or prison, as necessary for your health and the health and safety of others.
- For health and Safety oversight Activities. For example, we may share health information with the Department of Health.
- For Disaster Relief Purposes. For examples, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- For Work Related Conditions that could affect employee health. For example, an employer may ask to assess health risks on a job site.
- To The Military Authorities of US and Foreign Military Personnel. For example, the may require us to provide information necessary to a military mission.
- In the Course of Judicial/Administrative Proceedings at your request, or as directed by a subpoena or court order.
- For Specialized Government Functions. For example, we may share information for national security purposes.
- Other uses and Disclosures of Protected health information. Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

I, _____, understand and agree to this Privacy Form provided by Paul M. Figlia, MD.
 (Please Print Name)

 (Signature) Date _____