

# NOTICE OF PRIVACY PRACTICES

WASHINGTON PLASTIC SURGERY GROUP, LLC  
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NOTICE IS EFFECTIVE ON SEPTEMBER 20, 2013

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.

If you have any questions about this Notice please contact our Privacy Officer at 301-656-6398

## OUR RESPONSIBILITY:

Protected Health Information (referred to in this Notice as PHI) is information, including demographic information, that may identify you and that relates to health care services provided to you. We are required by law to maintain the privacy of your PHI, to provide you with this Notice of Privacy Practices and to abide by the terms of this Notice

We may change the terms of the Notice in future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area
- Have copies of the new Notice available upon request
- Post the new Notice on our website ([www.washingtonplastics.com](http://www.washingtonplastics.com))

## I. USES AND DISCLOSURES OF PHI:

Your PHI may be used and disclosed by our physicians, our office staff and others outside of our office that are involved in your care and for the purpose of providing health care services to you. Following are examples of the types of uses and disclosures of your PHI that our office is permitted to make. They are not meant to be exhaustive, but to describe the types of uses and disclosures that may be used by our office.

- 1. TREATMENT:** We may use and disclose PHI to provide, coordinate, or manage your health care and any related services.
- 2. PAYMENT:** We may use and disclose PHI to obtain payment for care services that you received provided by us or by another provider. We may also disclose PHI to others (such as insurers, collections agencies, consumer reporting agencies) as well as to an insurer prior to when you receive certain health care services because, for example, we may need to determine what or if the insurance company will cover a particular service.
- 3. HEALTH CARE OPERATIONS:** We may use or disclose PHI to support the business activities of our practice. For example, use of a sign-in sheet, telephone appointment reminders, quality assessment activities or licensing. We may also share medical information about you with the other providers etc that participate with us in "organized health care arrangements" (OCHAs) for any of the OCHAs' health care operations. OCHAs include hospitals, health plans etc. A listing of the OCHAs we participate with is available from the Privacy Officer.
- 4. BUSINESS ASSOCIATES:** We will share PHI with third party business associates that perform various activities ( i.e. transcription or billing services) for the practice. We will have a written contract that protects the privacy of your PHI for each business associate relationship that involves using or disclosing your PHI, including subcontractors of the business associate.
- 5. REQUIRED BY LAW:** We will use and disclose PHI about you whenever we are required to do so by applicable state and federal law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.
- 6. NATIONAL PRIORITY USES AND DISCLOSURES:** We may use or disclose PHI about you *without* your permission for various activities that are recognized as "national priorities." We will only disclose PHI in the following circumstances when we are permitted to do so by law. For more information on these types of disclosures, contact our Privacy Officer:

1. Threat to health or safety
2. Public health activities
3. Abuse or neglect
4. Health oversight activities
5. Court proceedings
6. Food and Drug Administration
7. Law enforcement
8. Worker's compensation
9. Research organizations
10. Coroners, Funeral Directors, Organ Donation
11. Coroners, Funeral Directors,
12. Communicable diseases
13. Law Enforcement
14. Military Activity, Ntl Security
15. Inmates

**7. TREATMENT ALTERNATIVES:** We may use or disclose your PHI in order to inform you of or recommend new treatment or different methods for treating a medical condition that you have or to inform you of other health related benefits and services that may be of interest to you. You may contact the Privacy Officer to request that these materials not be sent to you.

**8. CHANGE OF OWNERSHIP:** In the event that this medical practice is sold or merged with another organization, your health information record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

**9. AUTHORIZATION:** other than the uses and disclosures described above we will not use or disclose your PHI without your or your personal representative's authorization – written permission – to do so. If you sign such an authorization, you may later revoke or cancel your authorization in writing (except in very limited circumstances). If you would like to revoke your authorization please contact our Privacy Officer for the necessary form. We will follow your instructions except to the extent that we have already relied upon your authorization and have taken some action.

## **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT REQUIRE PROVIDING YOU THE OPPORTUNITY TO AGREE OR OBJECT**

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use/disclosure of all or part of your PHI. If you are not present or able to agree or object then your physician may, using professional judgment, determine whether the disclosure is in your best interest.

- 1. OTHERS INVOLVED IN YOUR HEALTH CARE OR PAYMENT FOR YOUR CARE:** Unless you object, we may disclose to a family member, close friend or any other person you identify, your PHI that relates to that person's involvement in your care. If you are unable to agree or object we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts.
- 2. MARKETING:** Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may describe products or services provided by this practice and tell you which health plans we participate in. We may provide you with small gifts, encourage you to purchase a product or service when we see you, for which we may be paid. Finally we may receive compensation which covers our cost of communicating with you about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorized and we will stop any future marketing activity to the extent you revoke that authorization.
- 3. SALE OF HEALTH CARE INFORMATION:** We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if

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you authorized us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.

## II. YOUR RIGHTS WITH RESPECT TO YOUR PHI

The following is a statement of your rights with respect to your PHI and a description of how you may exercise these rights.

**1. RIGHT TO A COPY OF THIS NOTICE:** You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

**2. RIGHT OF ACCESS TO INSPECT AND COPY:** You may inspect and obtain a copy of your PHI for so long as we maintain the PHI. You may obtain your medical record that contains medical billing and any other records that your physician and the practice use for making decisions about you. As permitted by Federal or State law we may charge you a reasonable copy fee for a copy of your medical records. You must provide us a request in writing. Please contact our Privacy Officer for the necessary form. If you would like a copy of the information, we will charge you a fee to cover the costs of the copy. The fee is \$.60 (cents) per page plus postage (if mailed) and supply costs and must be paid prior to receipt of the requested information. Under Federal law, however, you may not inspect or copy the following: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and laboratory results that are subject to laws that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable.

**3. RIGHT TO HAVE MEDICAL INFORMATION AMENDED:** You have the right to have us amend (which means correct or supplement) medical information about you. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the information. You must request any amendment in writing. Please contact our Privacy Officer for the necessary form. We may deny your request in certain circumstances. We will explain any denial in writing. You will have the opportunity to send us a statement explaining why you disagree with our denial and we will share your statement whenever we disclose the information in the future. We will respond to your request within 60 days. One 30-day extension is permitted with a notification of the reason for the delay.

**4. RIGHT TO AN ACCOUNTING OF DISCLOSURES WE HAVE MADE:** You have a right to receive an accounting of disclosures of your health information. We must have your request for an accounting in writing. Please contact the Privacy Officer for the necessary form. The accounting will not include several types of disclosures, including, but not limited to, disclosures for treatment, payment or health care operations. It will also not include disclosures made to family members or friends involved in your care for notification purposes.

**5. RIGHT TO REQUEST RESTRICTIONS ON USES AND DISCLOSURES:** You have the right to request that we limit the use and disclosure of PHI. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care for notification purposes as described in this Notice. We are **not** required to agree with your request. If your physician believes it is in your best interest to permit use and disclosure of your PHI, it will not be restricted. If we do agree, we must follow your restrictions except if the information is needed for emergency treatment. You may cancel the restrictions at any time and we may cancel a restriction as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation. The restriction must be in writing – please contact the Privacy Officer for the necessary form. In the event that you pay in full for your service(s) out of pocket, you may request that the information regarding the said service(s) not be disclosed to your third party payer since no claim is being made against the third party payer.

**6. RIGHT TO REQUEST AN ALTERNATIVE METHOD OF CONTACT:** You have the right to request to be contacted at a different location or by a different method. We require that this request be in writing. Please contact the Privacy Officer for the necessary form. We will agree to any reasonable request for alternative methods of contact and/or may require additional conditions to be met.

## 7. RIGHTS WITH RESPECT TO ELECTRONIC HEALTH

**RECORDS:** In the event that any of the covered entities governed by this NPP adopt an electronic health record (EHR), you have the right to access your own EHR in an electronic format and to direct us to send the EHR directly to a third party. We may only charge you for labor costs associated with this request. You have a right to receive an accounting of disclosures through an EHR (including disclosures for treatment, payment or health care operations) made by such covered entity during only the three years prior to the date on which the accounting is requested. We must provide either an accounting of disclosures of PHI made by us and by a business associate acting on behalf of the covered entity; or an accounting for disclosures that are made by us and a list of all business associates acting on behalf of our behalf including contact information for such associates (such as mailing address, phone, and email address).

## III. NOTICE OF BREACH OF HEALTH INFORMATION

In the unlikely event that your PHI is inadvertently acquired, accessed, used by or disclosed to an unauthorized person, we will fully comply with the breach notification requirements under HIPAA/HITECH. These requirements include written notice of such breach. The notice provide a brief description of what happened including the date of the breach if known and the date of discovery, the type of PHI involved, Any precautionary steps you should take, description of the steps we are taking to investigate and mitigate the breach and prevent future occurrences and contact information to discuss the breach. In some circumstances our business associate may provide the notification.

## IV. FILING COMPLAINTS

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. We will not **take** any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint to us, you may bring it to the office or mail it to our office.

To file a complaint with the Department of Health and Human Services, you may send your complaint to:

Department of Health and Human Services  
Office for Civil Rights  
Region III  
150 S. Independence Mall West, Suite 372  
Public Ledger Building  
Philadelphia, Pa. 19106-9111  
[OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)

Phone: Main Line: 215-861-4441  
Hotline: 800-368-1019  
Fax: 215-861-4431  
TDD: 215-861-4440

The complaint form may be found at  
[www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf).