

## Iowa Plastic Surgery Notice of Privacy Practices

This Notice describes how medical information about you as a patient may be used and disclosed, and how you can get access to your health information. Please review this notice carefully.

EFFECTIVE DATE: April 14, 2003

**Our practice is dedicated to maintaining the privacy of your individual identifiable health information. This notice informs you that we do not disclose your medical information except for the purpose of treatment, payment and healthcare operations.** We are required by law to maintain the confidentiality of medical information that identifies you. We also are required by law to provide you with this Notice of our legal duties and the privacy practices that we maintain in our practice concerning your medical information.

Any revision or amendment to this Notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

Our practice will not use or disclose your health information without your authorization, except in the following situations.

**Treatment-** Our practice will use and disclose medical information to treat you. For example, we will share medical information about you with our staff, your physician and others who are involved in your case.

**Payment-** Our practice will use and disclose medical information to bill and collect payment for the services and items you may receive from us. For example, we may send a bill to you or your health plan.

**Health Care Operations-** Our practice will use and disclose your medical information to operate our business for quality control measures or manage our business more efficiently. For example, medical staff may use information in your health record to assess the quality of care and outcomes in your case.

**Appointment Reminder Calls-** Our practice may use and disclose your medical information to contact you and remind you of an appointment or contact you by email.

**Test Results-** Our practice may use and disclose your medical information to inform you of laboratory or test results.

**Business Associates-** We may disclose your medical information to our business associate so they can perform essential job duties. However, we require the business associate to take precautions to protect our health information.

**Health-Related Benefits and Services-** Our practice may use and disclose your medical information to inform you of health-related benefits or services that may be of interest to you.

**Release of Information to Family/Friends-** Our practice may release your medical information to a friend or family member or any other person you identify, that is involved in your care, or who assists in taking care of you.

**Disclosure Required By Law-** Our practice will use and disclose your medical information when we are required to do so by federal, state or local law. This could include special circumstances involving public health risks, medical examiner, research, FDA reviews, health oversight activities, lawsuits, law enforcement, national security, worker's compensation, government & social agencies, specialized government functions, and inmates.

**INDIVIDUAL RIGHTS** You may have many rights concerning the confidentiality of your health information.

1. **Confidential Communication.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner. You may request that we contact you at home, rather than at work. To make such a request, you must write to us at the address below.
2. **Requesting Restriction.** You have the right to request a restriction in our use or disclosure of your medical information for treatment, payment or health care operations. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. To make such a request, you must write to us at the address below.
3. **Inspection and Copies.** You must submit your request in writing to the address below. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. In certain circumstances we may deny your request to inspect or copy your health information. If you are denied access to your health information, you may request that the denial be reviewed.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Iowa Plastic Surgery. You must provide us with a reason that supports your request for amendment. We may deny your request if you ask us to amend information that is in our opinion (a) accurate and complete; (b) not part of the medical record kept by or for the practice; (c) not part of the medical record which you would be permitted to inspect and copy; or (d) not created by our practice.
5. **Accounting and Disclosure.** An "accounting of disclosure" can be requested by writing to the address below. Use of your medical information as part of the routine patient care in our practice is not required to be documented. The request

must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list is free of charge, thereafter; we may charge you for additional lists within a same 12-month period.

6. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the privacy officer at the address below. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Please note, we are required to retain records of your care.

### **CONTACT PERSON**

For all questions, requests or for further information related to the privacy of your health information please direct all questions to:

Privacy Officer  
Amy Sadd  
Iowa Plastic Surgery  
4334 E. 53<sup>rd</sup>  
Davenport, IA 52807