

STEIN PLASTIC SURGERY  
**Notice of Privacy Practices (HIPAA)**

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.** This notice takes effect on March 5, 2016 and remains in effect until we replace it.

**Our Pledge Regarding Medical Information**

Protected health information is information about you, including demographics that may identify you and that relates to your past, present or future physical or mental health care and related health care services. We are committed to protecting your information. We create a record of the care and services you receive at our facility. We keep this record to provide you with quality care and to comply with legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also inform you of your rights and outline certain duties we have regarding the use and disclosure of medical information.

**Our Legal Duty**

**The Law Requires Us to:**

- 1 Protect your health information.
- 2 Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
- 3 Abide by the terms of privacy practices now in effect.

**We Have the Right to:**

- 1 Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
- 2 Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we store, including information previously created or received before the changes. The new notice will be available upon request, on our web site, and we will mail a copy to you if you choose.

**Our Responsibilities**

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. 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.

**Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. You have the right to:

**Get a Copy of 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. You may request that we provide copies in a format other than photocopies (electronic for example). We will use the format you request unless it is not practical for us to do so. If you request paper copies, we will charge you for each page, and postage if you want the copies mailed to you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost based fee.

**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.
- In certain cases we may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

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**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.

**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.
- You may request that a health plan not be notified of treatment that you have paid in full.

**Get a List of Those with Whom We’ve Shared Information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make, to family members or friends involved in your care, or for notification purposes). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive information is subject to certain exceptions, restrictions and limitations.

**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.

**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.

**That We Place Additional Restrictions**

- You may request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but, if we do, we will abide by our agreement (except in the case of an emergency).

**Confidential Communications**

- You may request to receive confidential communications from us by alternative means or to alternative locations. Your request must be made in writing to the contact person listed at the end of this notice.

**Refuse a Copy of This Notice**

- You have a right to refuse a copy of the Notice of Privacy Practices. Your treatment will not be conditioned on your refusal.

**File a Complaint if You Feel Your Rights are Violated**

- You can complain if you feel we have violated your rights. If you would like to express concerns regarding the quality of care you received at Stein Plastic Surgery, please contact the Privacy Officer at 919-261-7099. If you have concerns regarding your insurance or financial responsibility, please contact the Privacy Officer at 919.261.7099. You will receive a personal response.
- You can file a complaint with the U.S. Department of Health and Human Services Regional IV Office for Civil Rights by sending a letter to U.S. Department of Health and Human Services, Sam Nunn Atlanta Federal Center, Suite 16T70, 61 Forsyth Street, S.W. Atlanta, GA 30303-8909, calling (800)368-1019 or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

# STEIN PLASTIC SURGERY

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### Your Choices

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, tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

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. In these cases we never share your information unless you give us written permission:

- Marketing and Research purposes
- Sale of your information

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

### Our Uses and Disclosures

This section describes different ways that we use and disclose medical information. Following are different kinds of uses or disclosures and their meaning. Not every use or disclosure will be listed. However, we have listed examples of ways we are permitted to use and disclose medical information.

#### **For Treatment:**

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your healthcare with a third party that has already obtained your permission to have access to your protected health information.

*Example:* We would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., nurses, technicians, medical students or health care providers) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician. For example, we may disclose your protected health information to medical school students that see patients at our facility. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

#### **For Payment:**

Your protected health information will be used and disclosed, as needed, to obtain payments for health care services.

#### **For Health Care Operations:**

We may use and disclose your medial information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting accreditation, certificates, licenses and credentials we need to serve you. We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our facility and a business associate involves that use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

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**Run Our Organization:**

We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example:* We use health information about you to develop better services for you.

**Public Health:**

As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, adverse reactions to medications, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration.

**Communicable Diseases:**

We may, when authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

**Victims of Abuse, Neglect or Domestic Violence:**

We may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Health Oversight Activities:**

We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure disciplinary actions, or other authorized activities.

**Law Enforcement:**

Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official reporting death, crimes on our premises, crimes in emergencies, and preventing or reducing a serious threat to anyone's health or safety.

**Inmates:**

We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

**Worker's Compensation:**

Your protected health information may be disclosed by us as authorized to comply with worker's compensation laws and other similar legally-established programs.

**Comply with the Law:**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Other Permitted and Required Uses and Disclosures That May be Made  
Without Your Consent, Authorization or Opportunity to Object**

**Military Activity and National Security:**

When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conduction of national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

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**Government Functions (Specialized):**

Subject to certain requirements, we may disclose or use health information for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

**Court Orders and Judicial Administrative Proceedings:**

We may disclose medical information in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person.

**Additional Uses and Disclosures**

Other uses and disclosures of protected health information will only be made with your authorization unless otherwise permitted or required by law. You may revoke this authorization in writing at any time. The exception to this revocation is that your physician has taken an action in reliance on the authorization. We will share information about your location, general condition or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicinal supplies, x-rays or medical information for you.

**Other Permitted and Required Uses and Disclosures That May be Made With Your Consent, Authorization or Opportunity to Object**

**Appointment Reminders:**

We may use your medial information to contact you to provide appointment reminders.

**Communication Barriers:**

We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclose under the circumstances.

**Questions and Complaints**

If you have any questions about this notice, please contact:

**Ellen Stein, RN**

Privacy Officer

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Raleigh, NC 27607

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919.261.7099