

SANTA BARBARA PLASTIC SURGERY CENTER

HIPAA POLICY

This notice describes how your health information may be used and disclosed and how you can access this information.

At Santa Barbara Plastic Surgery Center, we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice, and to follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment: doctors, nurses, technicians, or those outside of our practice who are involved in your medical care.

We may use or disclose your health information for our normal healthcare operations and to ensure that all of our patients receive quality care.

We may use or disclose your health information for payment of your services. For example, we may contact your health insurer to request reimbursement to you for our services.

We may use your information to contact you. For example, we may send newsletters or other information. We may also want to call and remind you about your appointment. If you are not at home, we may leave information on your answering machine or with the person who answer the telephone.

We may disclose information to doctors or other medical personnel for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care delivery without disclosing who specific patients are.

We may release medical information about you to a third party whom you have identified as being involved in your medical care. In an emergency, we may disclose your health information to a family member or person responsible for your care.

We may release some or all of your health information when required by law.

If this practice is sold, your information will become the property of the new owner.

SPECIAL SITUATIONS: If you are a member of the U.S. or foreign armed forces, we may release medical information about you if required by appropriate military command authorities. We may release medical information about you for worker's compensation or similar programs. We may disclose medical information about you for public health activities, which may include: preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reaction to medications or problems with products; notifying people of recalls of products they may be using; notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law. We may disclose medical information to a health oversight agency for activities authorized by law, including, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance to civil rights laws. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. We may release medical information if asked to do so by a law enforcement official: In response to a court order, subpoena, warrant, or summons; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime; about criminal conduct at a facility; in emergency circumstances to report a crime. We may release medical information about you to authorized federal officials for intelligence and national security activities authorized by law. We may also disclose your medical information to authorized federal officials in order to protect the President, other officials or foreign heads of state or conduct special investigations. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

Except as described above, this practice will not use or disclose your health information without your prior written approval.

You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.

As we may need to contact you from time to time, we will use whatever address or telephone number you prefer.

You have a right to see and receive a copy of your health information, with a few exceptions. Give us a written request regarding the information you want to see. If you want a copy of your records, we may charge you a reasonable fee for the copies.

You have a right to request an amendment or change your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove or alter earlier documents, but will add new information.

You have the right to receive a copy of this notice.

If we change any of the details of this notice, we will notify you of the changes in writing.

If you believe your privacy rights have been violated, you may file a complaint with us, or with the Department of Health and Human Services. You will not be penalized for filing a complaint.

However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our office at: 805-687-7336.

This notice goes into effect April 14, 2003.

ACKNOWLEDGEMENT:

I have received a copy of the Santa Barbara Plastic Surgery Center Notice of Privacy Practices.

DATE: _____ SIGNED _____ PRINT NAME _____

If signing as a parent or guardian, please note the name of the patient _____