

## **STRAITH CLINIC PRIVACY NOTICE**

Effective Date of Notice: April 14, 2003

Plastic Surgery Privacy - ASPS Cosmetic Surgeons

This notice will tell you about the ways we may use and disclose medical information about you and how you can get access to this information. It will also describe your rights and certain obligations we have regarding the use and disclosure of medical information. Please review it carefully.

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). We are required by law to make sure that medical information that identifies you is kept private and to give you notice of our legal duties and privacy practices with respect to this medical information. We call this information "protected health information", or "PHI", and it includes information that can be used to identify you that we've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment for this health care.

### **Uses and Disclosures of Protected Health Information**

Straith Clinic employees and staff understand that medical information about you and your health is personal. We are committed to protecting medical/surgery information about you. We create a medical record that details the care and services you receive. We need that record in order to provide you with quality care and to comply with certain legal requirements. This notice applies to any medical records generated by and stored at Straith Clinic. While we may sometimes care for you during a hospital stay, the hospital(s) may have different policies and/or notices about your medical information.

Straith Clinic may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless Straith Clinic has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA Privacy Regulations or State Law.

How We May Use and Disclose Medical Information About You.

#### **I. Routine Use and Disclosure**

A. Treatment - Your physician or a Straith Clinic staff member may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination and management of your health care with a third party that is involved in your care and treatment. We may disclose medical information about you to hospitals, doctors, nurses, technicians, medical students, or their personnel who are taking care of you.

For example, we may disclose your protected health information to a pharmacy to fill a prescription, to a laboratory to order blood work, or to an internist for your pre-operative physical. 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. We may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care. Also, we may contact you to provide information about health-related benefits and services offered by this office.

We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to your care or payment related to your care. We can also disclose your information in connection with trying to locate or notify family member or others involved in your care concerning your location and condition. You may object to these disclosures. If you do not object, or we determine in our professional judgment that it is in your best interest, we may disclose your protected health information.

B. Payment - We may use and disclose medical information about you so that the treatment and services you receive from Straith Clinic may be billed, and collected for you, to an insurance company or a third party. We may tell an insurance company or a third party about care you are going to receive in order to obtain prior approval for treatment or in order to determine your coverage. We may also disclose patient information to another provider involved in your care for the other provider's payment activities.

C. Individuals Involved In Your Care or Payment For Your Care - If a family member, friend, or service is involved in your medical care, we may release medical information about you including your condition and treatment.

D. Healthcare Operations - We may use or disclose your protected health information, as needed, for our own health care operations in order to run our practice in a way that ensures that our patients receive quality care. This includes, but is not limited to:

Review our treatment and services to evaluate the performance of our staff in caring for you;

Quality assessment and improvement activities;

Accreditation or credentialing activities;

Combine your medical information with medical information about other patients to determine if we need to offer additional services to patients;

Disclose medical information to doctors, nurses, technicians, and medical students for review and learning purposes;

Combine the medical information we have with medical information from other practices to see where we can make improvements in our care and services;

Remove information that identifies you from a set of health information so that others can use it to study health care without learning who the specific patients are.

E. Marketing - We may use mailings or newsletters regarding products or services that may be of benefit to you.

F. As Required By Law - We will disclose medical information about you when we are required to do so by federal, state, or local law.

## **II. Non-Routine Use and Disclosure**

A. To Avert A Serious Threat To Health Or Safety - We may use or disclose your medical information

about you when it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or of another person. Any disclosure will be to someone who is able to help prevent the threat.

B. Public Health Risks - We may disclose medical information about you for public health activities.

These activities generally include the following:

To prevent or control disease, injury, or disability;

To report births and deaths;

To report child or elder abuse or neglect;

To report reactions to medications or problems with medical products;

To notify people of recalls of products;

To notify a person who may have been exposed to a disease or may be at risk for contacting or spreading a disease or condition;

C. To Report Abuse, Neglect, or Domestic Violence - We may use or disclose medical information to government authorities if we believe that a patient is the victim of abuse, neglect, or domestic violence.

We will only make this disclosure if you agree or when required or authorized by law.

D. To Conduct Health Oversight Activities - We may use or disclose your medical information to a health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law.

E. Lawsuits and Disputes - 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 disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

F. Law Enforcement - We may release medical information if asked to do so by a law enforcement official:

In response to a court order, subpoena, warrant, summons, or similar process;

To identify or locate a suspect, fugitive, material witness, or missing person;

About the victim of a crime if, under certain circumstances, we are unable to obtain the victim's/patient's agreement;

About a death we believe may be the result of criminal conduct;

About criminal conduct in the practice's office;

In emergency circumstances to report a crime, the location of the crime or victims, or the identify, description or location of the person who committed the crime.

G. To Coroners, Funeral Directors, and or Organ Donation - We may disclose protected medical health information to a coroner or medical examiner, to a funeral director, as authorized by law and for organ donations.

H. Research - In certain circumstance, we may provide medical information in order to conduct medical research.

I. For Specified Government Functions - In certain circumstances, the Federal regulations authorize the practice to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

J. For Worker's Compensation - The practice may release your protected health information to comply with the worker's compensation laws or similar programs.

#### Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

a. Right to authorize uses and disclosures - You have the right to authorize the use and disclosure of your protected health information in ways not mentioned in this notice and the right to revoke that authorization

b. Right to designate a personal representative - You have the right to designate a personal representative to act for you.

c. Right to Inspect and Copy - You have the right to inspect and copy your medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy your medical information, you must submit your request in writing to Perla Forbes, Clinic Administrator. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

Your physician may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

d. Right to Amend - If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for this practice.

To request an amendment, your request must be made in writing and submitted to Perla Forbes, Clinic Administrator. Your request should include the reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

Was not created by Straith Clinic, unless the person or entity that created the information is no longer available to make the amendment;

Is not part of the medical information kept by or for Straith Clinic;  
Is not part of the information which you would be permitted to inspect and copy;  
Is accurate and complete.

e. Right to Accounting of Disclosures made by the Straith Clinic - You have the right to request an "accounting of disclosures". Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003.

The first list you request within a twelve month period will be free of charge. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

f. Right to Request Restrictions - You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to Perla Forbes, Clinic Administrator. In your request, you must tell us 1) what information you want to limit, 2) whether you want to limit our use, disclosure, or both, and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

g. Right to Request Confidential Communications - You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or only by mail.

To request confidential communications, you must make your request in writing to Perla Forbes, Clinic Administrator. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

h. Right to a Paper Copy of This Notice - You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, please ask the receptionist.

You may also obtain a copy of this notice at our Website, [www.straithclinic.com](http://www.straithclinic.com).

#### Changes To this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the waiting room. This notice will contain the effective date in the upper right corner of the first page.

## Complaints

If you have any questions about this notice, any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact:

Straith Clinic, P.C.  
32000 Telegraph  
Bingham Farms, Michigan 48025  
Attn: Privacy Manager

All complaints should be submitted in writing. You will not be penalized, discriminated against, retaliated against, or intimidated for filing a complaint.

## Other Uses of Medical Information

Other uses and disclosure of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You must understand that we are unable to take back any disclosure we have already made with your permission and that we are required to retain our records of the care that we provided you.