

Pacific Center For Plastic Surgery

Notice of Privacy Practices

Effective Date: December 1, 2016

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.

Pacific Center For Plastic Surgery is committed to protecting the privacy and confidentiality of your medical information. In accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), this Notice of Privacy Practices ("Notice") describes how we may use and disclose your health information and explains your rights regarding that information.

Our Commitment to Your Privacy

At Pacific Center For Plastic Surgery, we understand that medical information about you and your health is personal. We create records of the care and services you receive at our practice. We need this record to provide you with quality care and to comply with legal requirements.

This Notice applies to all records of your care maintained by Pacific Center For Plastic Surgery.

We are required by law to:

- Make sure that medical information that identifies you is kept private
- Give you this Notice describing our legal duties and privacy practices
- Notify you if there is a breach of your unsecured medical information
- Follow the terms of the Notice currently in effect

Who Will Follow This Notice

This Notice describes the privacy practices of Pacific Center For Plastic Surgery and applies to all providers, employees, staff members, trainees, volunteers, and other personnel working within our organization.

All individuals associated with Pacific Center For Plastic Surgery may share your health information with each other for treatment, payment, or healthcare operations as described in this Notice.

Pacific Center For Plastic Surgery Practice Location:
3991 MacArthur Blvd #320
Newport Beach, CA 92660

How We May Use and Disclose Your Medical Information

We may use and disclose your medical information in the following ways. Not every possible use or disclosure will be listed below, but all permitted uses and disclosures fall into one of these categories.

For Treatment

We may use and disclose medical information to provide, coordinate, or manage your care and related services. For example, we may disclose medical information to doctors, nurses, technicians, or other personnel involved in your care who need the information to provide medical treatment.

For Payment

We may use and disclose medical information so that we, or others, may bill and receive payment for treatment and services you receive.

For example, we may give your health plan information about you so it will pay for your treatment or determine the amount of your copayment or coinsurance.

For Health Care Operations

We may use or disclose your medical information for general business activities necessary to operate our practice.

These activities include, but are not limited to:

- Quality assessment and improvement
- Training and education
- Risk management
- Claims management
- Legal consultation
- Licensing and accreditation
- Business planning and development

Appointment Reminders, Treatment Alternatives, and Health-Related Services

We may use and disclose your medical information to contact you to remind you about appointments.

We may also contact you to inform you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care

When appropriate and with your agreement, we may share medical information with someone involved in your care or payment for your care, such as a family member or close friend.

If you are unable to agree or object to this disclosure, we may share the information if we believe it is in your best interest.

Research

Under certain circumstances, we may use and disclose medical information for research purposes. Research projects involving patient information must go through a special approval process before we may use or disclose medical information for research.

Special Situations Where We May Use or Disclose Medical Information

As Required by Law

We will disclose medical information when required by federal, state, or local law.

To Avert a Serious Threat to Health or Safety

We may use or disclose medical information when necessary to prevent a serious threat to your health and safety or the health and safety of others. Any disclosure will only be made to someone able to help prevent the threat.

Business Associates / Third Parties

We may disclose medical information to companies or individuals who perform services on our behalf, such as billing companies or technology providers. These partners are required to protect your information and may only use it for the services they perform for Pacific Center For Plastic Surgery.

Organ and Tissue Donation

We may release medical information to organizations involved in organ procurement, banking, or transplantation.

Military and Veterans

If you are a member of the armed forces, we may release medical information as required by military command authorities.

Workers' Compensation

We may release medical information for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

Public Health Activities

We may disclose medical information for public health activities such as:

- Preventing or controlling disease, injury, or disability
 - Reporting births and deaths
 - Reporting child abuse or neglect
 - Reporting reactions to medications or product problems
 - Notifying people of recalls of products they may be using
 - Notifying individuals who may have been exposed to a disease
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Health Oversight Activities

We may disclose medical information to government agencies responsible for oversight of the healthcare system for activities such as audits, inspections, investigations, and licensure.

Lawsuits and Disputes

We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Law Enforcement

We may release medical information if asked to do so by a law enforcement official:

- To respond to a court order, subpoena, warrant, or summons
 - To identify or locate a suspect, fugitive, witness, or missing person
 - To report a crime that occurred on our premises
 - To report certain types of wounds or injuries as required by law
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Coroners, Medical Examiners, and Funeral Directors

We may release medical information to a coroner or medical examiner to identify a deceased person or determine cause of death.

National Security and Intelligence Activities

We may release medical information to authorized federal officials for intelligence, counterintelligence, and national security activities.

Inmates or Individuals in Custody

If you are an inmate or in the custody of law enforcement, we may release medical information to the correctional institution or law enforcement official if necessary for your health and safety or the safety of others.

Fundraising

We may use limited information about you to contact you for fundraising efforts that support Pacific Center For Plastic Surgery. You will always have the option to opt out of receiving such communications.

Uses and Disclosures That Require Authorization

We will not sell your medical information or use it for marketing purposes without your written authorization.

You may revoke your authorization at any time in writing.

Your Medical Information Rights

You have the following rights regarding your medical information maintained by Pacific Center For Plastic Surgery.

Right to Inspect and Receive a Copy

You have the right to inspect and obtain a copy of your medical information used to make decisions about your care, including electronic health records.

We may charge a reasonable fee for copying, mailing, or supplies associated with your request.

Right to Notification of a Breach

You have the right to be notified if there is a breach of your unsecured protected health information.

Right to Amend

You have the right to request that we amend medical information about you if you believe it is incorrect or incomplete.

Requests must be submitted in writing and include a reason supporting the request.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we made of your medical information.

This list will not include disclosures made for treatment, payment, or healthcare operations.

Right to Request Restrictions

You have the right to request restrictions on how we use or disclose your medical information.

We are not required to agree to all requests but will comply if we do agree.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a specific way or location.

For example, you may request that we contact you only by mail or only at work.

Right to a Paper Copy of This Notice

You may request a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

Revisions to This Notice

Pacific Center For Plastic Surgery reserves the right to revise this Notice. Any revised Notice will apply to medical information we already have about you as well as information received in the future.

Updated Notices will be posted in our office and on our website.

Complaints

If you believe your privacy rights have been violated or would like more information about your rights, you may contact Pacific Center For Plastic Surgery's Privacy Officer.

Privacy Officer

Pacific Center For Plastic Surgery
3991 MacArthur Blvd #320
Newport Beach, CA 92660

Phone: (949) 720-3888

Email: info@thepacificcenter.com

Website: www.ThePacificCenter.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You will not be penalized for filing a complaint.

Mail:

Centralized Case Management Operations
U.S. Department of Health and Human Services,
200 Independence Avenue, S.W.
Room 509F HHH Bldg.,
Washington, D.C. 20201

Email:

OCRCComplaint@hhs.gov