

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.

EFFECTIVE September 23, 2013

OUR PRIVACY PLEDGE AND DUTIES.

Our practice keeps records of the care and services we provide to you. We need these records to provide you with quality care and to comply with certain legal requirements. As required by HIPAA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- Treatment means providing, coordinating or managing health care and related services by one or more healthcare providers.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections and utilization review.
- Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis and customer service.
- The practice may also be required or permitted to disclose our PHI (Protected Health Information) for law enforcement and other legitimate reasons; in all situations we shall do our best to ensure continued confidentiality to the extent possible.
- Business Associates. We may share your health information with third party "business associates" who perform various activities for us.

We may also create and distribute de-identified health information by removing all reference to individually identifiable information, we may contact you, by phone or in writing, to provide appointment reminders or information about treatment alternatives or other health related benefits and services, in addition to other fundraising communications, that may be of interest to you. You do have the right to opt out with respect to receiving fundraising communications from us.

The following use and disclosures of PHI will be made pursuant to us receiving a written authorization from you.

1. Most uses and disclosure of psychotherapy notes
2. Uses and disclosure of your PHI for marketing purposes
3. Disclosures that constitute a sale of PHI under HIPAA and
4. Other uses and disclosures not described in this notice

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your prior authorization.

You may have the following rights with respect to your PHI.

- The right to inspect or get a paper copy or electronic of your PHI. We may charge a reasonable fee.
- The right to amend your PHI
- (We have the right to say no, but we will tell you why within 60 days in writing.)
- The right to receive an accounting disclosure of your PHI
- The right to obtain a paper copy of this notice upon request

- The right to be advised of your unprotected PHI is intentionally or unintentionally disclosed
- The right to request restrictions of PHI, including those related to disclosures of family members, other relatives, closer personal friends, or any other person identified by you. We are however to honor a request restriction except in limited circumstances which we shall explain if you ask. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of Protected Health Information by alternative means or at alternative locations.
- Right to Request Confidential Communications. You have the right to ask us to communicate with you about hearing care service in a certain way or at a certain location. For example, you may request that we only contact you at work or by mail. Your request for confidential communications must be made in writing, signed and dated. Your request must specify how or where you wish to be contacted.
- Self-pay – You have the right to ask us not to use or share your PHI for treatment, payment or operations.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of our Notice of Privacy Practices at any time and to make the new Notice provision effective for all health information that we maintain. We will post a copy of the current Notice at our facilities.

COMPLAINTS

If you believe that we have violated your privacy rights or disagree with a decision that we made about providing you access to your health information, please contact us as provided below or contact the Secretary of the Department of Health and Human Services. We respect your right to file a complaint and will not take any action against you if you file a complaint.

Contact: Central Florida Plastic Surgery
c/o Fernando G. Serra, M.D.
910 Old Camp Road, Suite 142
The Villages, FL 32162