

## **Del Mar Plastic Surgery**

### **Notice of Health Information Practices**

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

#### **Introduction**

At Del Mar Plastic Surgery, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice became effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

#### **Understanding Your Health Record/Information**

We collect, use, and communicate information by and about you for treatment, payment, and health care operations, or when we are allowed or required to do so by law.

Each time you visit Del Mar Plastic Surgery, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- A tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of this state and the nation.
- A source of data for our planning and marketing.

- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

### **Your Health Information Rights**

Although your health record is the physical property of Del Mar Plastic Surgery, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request.
- Inspect and copy your health record as provided for in 45 CFR 164.524.
- Amend your health record as provided in 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- Request communications of your health information by alternative means or at alternative locations.
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Our Responsibilities**

Del Mar Plastic Surgery is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.

- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will notify you at your next visit.

We will get your written permission before we use or share your protected health information for any reason other than treatment, payment, or health care operations, or as allowed or required by law. You may withdraw this permission at anytime, in writing. However, if we have already used your information based on your authorization, you cannot take back your agreement for those past situations.

### **For More Information or to Report a Problem**

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint. The address for the OCR is:

*Office for Civil Rights*

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F, HHH Building

Washington, D.C. 20201