

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: APRIL 14, 2003

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

UNDERSTANDING YOUR MEDICAL RECORD AND YOUR HEALTH

EACH TIME YOU RECEIVE TREATMENT FROM OUR PRACTICE, INFORMATION ABOUT YOUR TREATMENT IS RECORDED IN YOUR MEDICAL RECORD. TYPICALLY, THE RECORD CONSISTS OF YOUR MEDICAL HISTORY, SYMPTOMS, EXAMINATIONS, OBSERVATIONS, TEST RESULTS, DIAGNOSIS, TREATMENT AND FUTURE CARE PLANS. UNDERSTANDING YOUR HEALTH INFORMATION AND HOW IT IS USED HELPS TO INSURE THAT IT IS USED AND DISCLOSED APPROPRIATELY.

YOUR HEALTH INFORMATION PRIVACY RIGHTS

ALTHOUGH YOUR MEDICAL RECORD IS THE PROPERTY OF SOUTHEASTERN PLASTIC SURGERY, THE INFORMATION BELONGS TO YOU. YOU HAVE LEGAL RIGHTS REGARDING YOUR HEALTH INFORMATION WHICH ARE DESCRIBED BELOW. TO EXERCISE ANY OF THESE RIGHTS, A WRITTEN REQUEST WITH SUPPORTING REASONS, MUST BE SUBMITTED TO OUR OFFICE MANAGER. REQUESTS THAT DO NOT FOLLOW THE GUIDELINES MAY BE DENIED. YOUR LEGAL RIGHTS INCLUDE A:

RIGHT TO ACCESS - WITH SOME EXCEPTIONS, YOU HAVE THE RIGHT TO REVIEW AND RECEIVE A COPY YOUR HEALTH INFORMATION.

RIGHT TO AMEND - YOU HAVE THE RIGHT TO REQUEST AN AMENDMENT OF YOUR HEALTH INFORMATION WHEN IT IS INCORRECT OR INCOMPLETE. THIS RIGHT EXISTS AS LONG AS WE KEEP THIS INFORMATION.

RIGHT TO AN ACCOUNTING OF DISCLOSURES - YOU HAVE THE RIGHT TO OBTAIN A LISTING OF THOSE TO WHOM WE DISCLOSED YOUR HEALTH INFORMATION. THE RIGHT APPLIES TO DISCLOSURES OTHER THAN THOSE MADE FOR TREATMENT, PAYMENT, HEALTHCARE OPERATIONS AND THOSE YOU SPECIFICALLY AUTHORIZED. YOU CAN REQUEST AN ACCOUNTING FOR UP TO 6 YEARS PRIOR TO THE DATE OF THE REQUEST BUT NOT PRIOR TO APRIL 14, 2003. WE MAY CHARGE A FEE FOR THE COST OF COPYING, MAILING, OR OTHER SUPPLIES ASSOCIATED WITH YOUR REQUEST. THERE MAY BE A CHARGE FOR SUBSEQUENT REQUESTS.

RIGHT TO REQUEST RESTRICTIONS - YOU HAVE THE RIGHT TO REQUEST RESTRICTIONS ON THE USE OF DISCLOSING OF OUR HEALTH INFORMATION. WE WILL USE OUR BEST EFFORTS TO COMPLY WITH ALL APPROVED REQUESTS EXCEPT WHEN THE INFORMATION IS NEEDED TO PROVIDE EMERGENCY TREATMENT. WE WILL PROVIDE YOU WITH A WRITTEN EXPLANATION FOR DENIED REQUESTS OR WHEN WE REVOKE A PREVIOUSLY AGREED TO RESTRICTION.

RIGHT TO REQUEST ALTERNATE COMMUNICATIONS - YOU HAVE THE RIGHT TO SPECIFY THAT COMMUNICATION WITH YOU BE CONDUCTED IN A PARTICULAR MANNER OR DIRECTED TO A CERTAIN LOCATION. WE WILL ATTEMPT TO ACCOMMODATE ALL REASONABLE REQUESTS.

RIGHT TO A PAPER COPY OF THIS NOTICE - YOU MAY REQUEST A PAPER COPY OF THIS NOTICE AT ANY TIME.

RIGHT TO REQUIRE WRITTEN AUTHORIZATION - ANY USE OR DISCLOSURE OF YOUR HEALTH INFORMATION, OTHER THAN THAT DESCRIBED BELOW, WILL BE MADE ONLY WITH YOUR ADVANCE WRITTEN AUTHORIZATION, WHICH YOU MAY GRANT OR REVOKE AT ANY TIME.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

FEDERAL PRIVACY LAWS ALLOW SOUTHEASTERN PLASTIC SURGERY TO USE AND DISCLOSE YOUR HEALTH INFORMATION FOR THE FOLLOWING REASONS OR TO THE FOLLOWING ENTITIES:

TREATMENT - MEMBERS OF SOUTHEASTERN PLASTIC SURGERY'S WORKFORCE (INCLUDING DOCTORS, NURSES, AESTHETICIAN) MAY USE YOUR HEALTH INFORMATION TO TREAT AND CARE FOR YOU. WE MAY DISCLOSE YOUR HEALTH INFORMATION TO PROVIDERS, NOT AFFILIATED WITH SOUTHEASTERN PLASTIC SURGERY, TO FACILITATE THE CARE THEY PROVIDE YOU. FOR EXAMPLE, WE MAY DISCLOSE YOUR HEALTH INFORMATION TO YOUR PERSONAL PHYSICIAN OR TO THE ANESTHESIOLOGIST DURING A SURGICAL PROCEDURE.

PAYMENT - MEMBERS OF SOUTHEASTERN PLASTIC SURGERY'S WORKFORCE MAY USE YOUR HEALTH INFORMATION TO REQUEST PAYMENT FOR THE TREATMENT WE PROVIDE. FOR EXAMPLE, WE MAY DISCLOSE YOUR HEALTH INFORMATION DIRECTLY TO YOU TO REQUEST PAYMENT FOR THE TREATMENT WE PROVIDE, OR TO YOUR HEALTH INSURANCE PLAN OR A THIRD PARTY.

HEALTH CARE OPERATIONS - MEMBERS OF SOUTHEASTERN PLASTIC SURGERY'S WORKFORCE MAY USE YOUR HEALTH INFORMATION FOR THE HEALTH CARE OPERATIONS OF THE SURGERY CENTER. EXAMPLES OF THESE ACTIVITIES ARE STATE CERTIFICATION SURVEYS, REVIEW OF OUR SERVICES, DETERMINE EFFECTIVENESS OF NEW TREATMENTS, EVALUATE OUR PERFORMANCE, PROVIDE TRAINING TO OUR STAFF, OR TO IDENTIFY FUTURE SERVICES OFFERINGS AND THOSE NO LONGER NEEDED.

PATIENT COMMUNICATIONS - WE MAY CONTACT YOU TO PROVIDE APPOINTMENT REMINDERS, ALTERNATIVE TREATMENTS, AND OTHER HEALTH SERVICES THAT MAY BE OF INTEREST.

BUSINESS ASSOCIATES - WE MAY DISCLOSE YOUR INFORMATION TO SERVICE PROVIDERS WITH WHOM WE HAVE CONTRACTED TO PROVIDE A SERVICE ON OUR BEHALF, WRITTEN ASSURANCES MUST BE IN PLACE BEFORE DISCLOSING YOUR INFORMATION TO OUR BUSINESS ASSOCIATES.

RESEARCH - ALL RESEARCH STUDIES REQUIRE INTERNAL APPROVAL BEFORE YOUR HEALTH INFORMATION IS DISCLOSED. WE WILL OBTAIN YOUR AUTHORIZATION IF THE RESEARCHER REQUIRES ACCESS TO INFORMATION THAT IDENTIFIES YOU.

LAW SUITS, DISPUTES, LAW ENFORCEMENT - WE MAY DISCLOSE YOUR INFORMATION IN RESPONSE TO A COURT OR ADMINISTRATIVE ORDER, SUBPOENA, WARRANT, SUMMONS, OR DISCOVERY REQUEST.

FUNERAL DIRECTORS, CORONERS, MEDICAL EXAMINERS - WE MAY DISCLOSE YOUR HEALTH INFORMATION IN ORDER FOR THESE INDIVIDUALS TO CARRY OUT THEIR DUTIES.

FOOD AND DRUG ADMINISTRATION (FDA) - PUBLIC HEALTH AGENCIES, HEALTH OVERSIGHT AGENCIES - WE MAY DISCLOSE YOUR INFORMATION TO REPORT ADVERSE EVENTS WITH FOOD, DRUGS, MEDICAL DEVICES, DIETARY SUPPLEMENTS, OTHER PRODUCTS AND PRODUCT RECALLS, REPORT BIRTHS, DEATHS, CHILD ABUSE, NEGLECT, DOMESTIC VIOLENCE, PREVENT OR CONTROL DISEASE, INJURY, DISABILITY, NOTIFY PEOPLE POSSIBLY EXPOSED TO A DISEASE OR MAYBE SPREADING A DISEASE, AUTHORIZED ORGAN DONATIONS, OR AS REQUIRED BY LAW.

MILITARY AUTHORITIES - WE MAY DISCLOSE YOUR INFORMATION WHEN YOU ARE A MEMBER OR VETERAN OF THE MILITARY.

CORRECTIONAL INSTITUTION - WE MAY DISCLOSE YOUR INFORMATION WHEN YOU ARE AN INMATE OR UNDER CUSTODY SO THE CORRECTIONAL INSTITUTION CAN PROVIDE YOU HEALTH CARE, TO PROTECT YOUR HEALTH AND SAFETY AND THAT OF OTHERS.

OUR RESPONSIBILITIES

PROVIDE REASONABLE SAFEGUARDS IN ORDER TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION. USE OR DISCLOSE THE MINIMUM AMOUNT OF INFORMATION REQUIRED TO REASONABLY PROVIDE NECESSARY SERVICES. PROVIDE AND REVIEW THE NOTICE WITH YOU REGARDING OUR LEGAL DUTIES AND PRIVACY PRACTICES WITH RESPECT TO YOUR HEALTH INFORMATION AND TO OBTAIN OUR SIGNATURE ACKNOWLEDGING RECEIPT OF THE NOTICE. POST THE CURRENT NOTICE AT SOUTHEASTERN PLASTIC SURGERY AS WELL AS ON OUR WEBSITE. ABIDE BY THE TERMS OF THIS NOTICE. WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL HEALTH INFORMATION WE MAINTAIN. THE NOTICE WILL SPECIFY THE EFFECTIVE DATE. CONTACT THE PRIVACY CONTACT FOR SOUTHEASTERN PLASTIC SURGERY IF YOU HAVE QUESTIONS OR TO EXERCISE YOUR RIGHTS. PLEASE CONTACT THE OFFICE MANAGER AT SOUTHEASTERN PLASTIC SURGERY AT (850) 219-2000. IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED YOU MAY FILE A COMPLAINT TO THE OFFICE MANAGER.

ACKNOWLEDGEMENT - I HAVE RECEIVED AND REVIEWED THE SOUTHEASTERN PLASTIC SURGERY NOTICE OF PRIVACY PRACTICES AND MY SIGNATURE ACKNOWLEDGES RECEIPT.

PATIENT OR LEGAL REPRESENTATIVE

DATE SIGNED

CONFIDENTIAL

The following information is being provided to you for your information only. It is not intended to be used for any other purpose. This information is confidential and its disclosure is restricted to authorized personnel only. It is the property of the United States Government and is not to be distributed, copied, or disseminated in any form or by any means without the express written permission of the appropriate authority. Any unauthorized disclosure of this information may result in severe penalties, including fines and imprisonment. This information is being provided to you under the provisions of the Freedom of Information Act, 5 U.S.C. 552, and is exempt from public release under 5 U.S.C. 552(b)(7)(C), which pertains to information that is specifically exempt from public release. The information is being provided to you for your information only and is not to be used for any other purpose. It is the property of the United States Government and is not to be distributed, copied, or disseminated in any form or by any means without the express written permission of the appropriate authority. Any unauthorized disclosure of this information may result in severe penalties, including fines and imprisonment. This information is being provided to you under the provisions of the Freedom of Information Act, 5 U.S.C. 552, and is exempt from public release under 5 U.S.C. 552(b)(7)(C), which pertains to information that is specifically exempt from public release.