

Patient Privacy Statement

Our practice is committed to securing the privacy of your health information.

Your Personal Health Information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully. It explains how your personal health information will be used and disclosed. It describes your rights and certain obligations we have for using your health information and informs you about laws which provide special protections for your health information. It tells you how any changes in this notice will be posted and made available to you.

This notice covers the information practices of all healthcare professionals, employees, contract staff, students and volunteers for the:

Artistic Plastic Surgery Center, PLLC

This notice applies to the health information and health records used for your care in these facilities. The records in the hospital, emergency department, and diagnostic testing departments such as x-ray and outpatient clinics are examples. When we provide joint health care arrangements about these situations, we share your health information as necessary to perform treatment, payment or operational activities.

Using Your Personal Health Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically this record contains your symptoms, examination and test results, diagnoses, treatment, photos, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- 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,
- Tool in educating health professionals,
- Source of data for medical research, when approved by the correct oversight authority
- Source of data for facility planning and marketing, and
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what when, where and why others may access your health information,
- Make more informed decision when authorizing disclosures to others.

We will use your health information to provide treatment to you. For example, your physician uses your information to determine specific diagnostic tests, therapies, and medications that are ordered. Nurses, technicians, medical students or other personnel may need to know about your health problems to carry out treatments and to understand how to evaluate your response to treatment.

We will use your health information for payment. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your information to carry out health care operations. For example, we may use health information from patients to monitor your health services for quality assessment and improvement activities. This helps evaluate the performance of our staff in caring for you. In some cases, we may delete the personal identifying information from your health information and combine information from many patients to evaluate treatments and see where improvements can be made.

This notice applies to the health information and health records health information may also be used to contact you to remind you about appointments, to inform you about important treatment alternatives, to advise you about other health-related benefits and services that may be of interest and for raising funds. We explain more about using your health information in the next section.

Using Your Personal Health Information without Your Consent

We are legally required to use or disclose identifiable health information about you without your consent to meet special reporting requirements, to facilitate continuity of care, or for public health and other purposes. For example, we provide:

- Information about your personal health information to other care providers such as physicians, nurses, therapists and others who are involved with your care.
- Reports to the Food and Drug Administration
- Data for Health oversight activities such as auditing or licensure
- Reports on communicable diseases

- Reports to employers for work-related illness or injuries such as in Worker's Compensation
- Reports on abuse, neglect or domestic violence
- Reports to avert a serious threat to health or safety or to prevent serious harm to an individual
- Communication with designated family members or other individuals who are select as your personal representative about your care. These individuals must be listed with first and last names on your consent form.

We must provide information when required by law, such as for law enforcement or judicial activities in specific circumstances. Finally, with your permission, we may provide information about you for phone and visitor requests (the hospital directory) when you are in the hospital. This would be limited to your name and general health condition [i.e., "critical", "poor", "fair", "good", "excellent" or similar statements].

Special Authorizations

Certain federal and state laws that provide special protections for certain kinds of personal health information call for special authorizations from you to use or disclose information. When your personal health information falls under these special protections, we will contact you to secure the required authorizations to comply with federal and state laws such as:

- Uniform Health Care Information Act RCW 70.02
- Sexually Transmitted Diseases RCW 70.24.105
- Drug and Alcohol Abuse Treatment Records RCW 70.96A.150
- Mental Health Services for Minors RCW 71.05.390-690
- Communicable and Certain Other Diseases Confidentiality WAC 246-100-016
- Confidentiality of Alcohol and Drug Abuse Patients 42 CFR Part 2

If we need your health information for any other reason that has not been described in this notice, we will ask for your written authorization before using or disclosing any identifiable health information about you. Most important, if you choose to sign an authorization to disclose information, you can revoke that authorization at a later time to stop any future use and disclosure.

Your Individual Rights

You have individual rights over the use and disclosure of your personal health information. You may:

Limit use: You may request in writing that we not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it. You will have the opportunity to do this when you sign Consent for Use and Disclosure of Personal Health Information.

Receive confidential communications: You have the right to receive confidential communication by alternative means or locations. This includes an alternative mailing address or an Email address.

Inspect and copy: In most cases, you have the right to look at your health information. You may order a copy of your health information. Standard copy fees will be assessed.

Request corrections: If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

Know about disclosures: You have the right to receive a list of instances where we have disclosed information for reasons other than treatment, payment or related administrative purposes.

Complaints - If you are concerned that we have violated your privacy, or you disagree with a decision we made about access to your records, you may contact our Compliance Officer at the following number:

Kelly Lane, Practice Manager
253-756-0933

You may also contact or send a written complaint to the Washington State Department of Health at the location listed below:

Tacoma-Pierce County Department of Health
3629 S "D" Street
Tacoma, Washington 98418
Toll Free 1-800-992-2456

You may also contact the Secretary of Health and Human Services if you feel your privacy rights have been violated.

If you have any questions or complaints, please contact Pattie Van Landingham. She can provide you with the appropriate address for filing complaints with the Washington State Department of Health or the Secretary of Health and Human Services. This organization will not retaliate against a patient for filing a complaint.

When New Uses Are Required

Our Legal Duty: We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

The Office of Artistic Plastic Surgery Center, PLLC reserves the right to change the terms of this notice and to make the new notice provisions effective for all the personal health information that it maintains. We may change our policies at any time but with any significant policy change the new notice will be changed and posted. This notice will be promptly revised and distributed whenever there is a material change to the uses or disclosures, your rights, the Office of Artistic Plastic Surgery Center's legal duties or

other privacy practices changes. Any such changes will become effective on the date the revised notice is issued. You may request a copy of this notice from the location of your care.

Revised 10/2010