

Dr. Joseph Michaels

Aesthetic Reconstructive Plastic Surgery

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

MICHAELS A.R.P.S is required by law to protect certain aspects of your healthcare information known as Protected Health Information or PHI and to provide you with this Notice of Privacy Practices. This notice describes our privacy practices, your legal rights, and lets you know how MICHAELS A.R.P.S. is permitted to: use and discuss PHI about you, how you can access and copy that information, how you may request amendment of that information, how you may request restrictions on our use and disclosure of you PHI.

In most situations we may use this information described in this Notice without your permission, but there are some situations when we may use it only after we obtain your written authorization, if we are required by law to do so. We respect your privacy, and treat all healthcare information about our patients with care under strict policies of confidentiality that all our staff is committed to following at all times.

Purpose of this Notice: This notice describes your legal rights, advises you of our privacy practices, and lets you know how MICHAELS A.R.P.S is permitted to use and disclose(PHI) about you.

Uses and Disclosures of PHI: MICHAELS A.R.P.S may use PHI for the purposes of treatment, payment, and healthcare operations in most cases without your written permission. EXAMPLES for use of PHI:

Treatment: This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel(including doctors/nurses who give orders to allow us to provide treatment to you)it also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via telephone or computer to the hospital as well as providing the hospital with a copy of the written record we create in the course of providing you with the treatment and transport.

For Payment:This includes any activities we must undertake in order to get reimbursement for the services we provide to you, including such things as organizing your PHI and submitting bills to your insurance company, management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

Health Care Operations:Includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that DO NOT individually identify you for data collection purposes.

Use and Disclosure of PHI WITHOUT your Authorization. MICHAELS A.R.P.S is permitted to use PHI without your written authorization or opportunity to object in certain situation, including: For MICHAELS A.R.P.S use in treating you or obtaining payment for services provided to you or in other health care operations. For the treatment by another healthcare provider. To another healthcare provider or entity for the payment of activities of the provider or entity that received the information(such as your hospital or insurance company). To another health care provider (such as a hospital to which you are transported or First Responder)for the health care operations activities of the covered entity that receives the information as long as the covered entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship. For healthcare fraud and abuse detection or the activities related to compliance with the law. To a family member, relative, or close personal friend or other individual involved in your care, if we need to obtain a verbal agreement to do so or if we give you an opportunity to object to such disclosure and you do not raise an objection. We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency) we may in our professional judgment determine that a disclosure to your family member, relative, or friends is in your best interest. In that situation, we will only disclose health information relevant to that persons involvement in your care. To a public health authority in certain situations(reporting a birth, death, or disease required by law, as part of a public health investigation, to report child or adult abuse or domestic violence, to report adverse events such as product defects or to notify a person about exposure to a possible communicable disease as required by law. For healthcare oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government by law to oversee the health care system. For judicial and administrative proceedings as required by a court or administrative order, or response to a subpoena or other legal process. For law enforcement activities in limited situations such as when there is a warrant for the request, or information is needed to locate or stop a crime. For military, national defense and security and special government functions. To avert a serious health threat and safety of the public at large. For workers compensation purposes, and in compliance with worker compensation laws. To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties required by law. If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank. For research projects, but this will be subject to strict oversight and approvals and health information will be released only when there is minimal risk to your privacy and adequate safeguards are in place with accordance with the law. We may use or disclose health information about you in a way that does not personally identify you or reveal who you are. You may revoke your authorization at any time, in writing except to the extent that we have already used or disclosed medical information based upon that authorization.

Patient Rights: As a patient you have a number of rights to the protection of your PHI.

The right to access, copy and inspect your PHI. This means you may come to our office and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you to your medical, and you may appeal certain types of denials.

The right to amend your PHI, the right to request amending your PHI. You have a right to ask us to amend written medical information that we may have about you. If errors are found, we will generally your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information. If you wish to request that we amend the medical information that we have about you, you should contact MICHAELS A.R.P.S in writing.

The right to request an accounting of our use and disclosure of your PHI: You may request an accounting from us of certain disclosures of your medical information that we have made in the last 6 years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for the purposes of treatment, payment of healthcare operations, or when we share your health information with our business associates, such as our billing company, medical facility from/to which we have transported you. We are also NOT required to give you and accounting of the uses of protected health information which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact our office.

The right to request that we restrict the uses and disclosures of your PHI: You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment or health care operations or to restrict the information that is provided to the family, friends, and other individuals involved in your healthcare. However, if you request a restriction and the information that you asked us to restrict is needed to provide you with emergency treatment, then we may use PHI or disclose your PHI to a healthcare provider to provide you with emergency treatment. MICHAELS A.R.P.S is not required to agree to any of the restrictions that you request, but any restrictions agreed by MICHAELS A.R.P.S are binding on MICHAELS A.R.P.S

Revisions to the Notice: MICHAELS A.R.P.S reserves the right to change the terms of this notice at any time, and the changes will be effective immediately and will apply to all PHI that we maintain. May material changes to the Notice will be posted in our facility.

Your Legal Rights and Complaints: You have a right to complaint to us, or to the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government.