

# Kuy Plastic Surgery, Inc.

3825 Edwards Rd., Suite 550, Cincinnati, Ohio 45209

## NOTICE OF PRIVACY PRACTICES

Effective April 1, 2015

**This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### We are required by law to protect medical information about you

- We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about healthcare we provide to you or payment for healthcare provided to you. It may also be information about your past, present or future medical condition.
- We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required by law to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.
- We may change the terms of the Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will post the new Notice in our waiting area and have copies available upon request.

### We may use and disclose medical information about you in several circumstances:

1. **Treatment:** to provide, coordinate or manage your healthcare and related services and for the purpose of evaluating your health or diagnosing medical conditions; including sending appointment reminders or information on the treatment and management of your medical conditions. We may also send you information describing other health-related goods and services that we believe may interest you.
2. **Payment:** to arrange for payment, preparing bills, managing accounts with insurers, credit card companies, or collection agencies.
3. **Healthcare Operations:** to improve the quality of care we provide; to reduce healthcare costs through budgeting and financial reporting
  - Reviewing and evaluating the skills, qualifications and performance of healthcare providers taking care of you.
  - Providing training programs for students, trainees, healthcare providers or non-healthcare professional to help them practice or improve their skills.
  - Cooperating with outside organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular field or specialty.
  - Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
  - Cooperating with outside organizations that access the quality of the care others and we provide, including government agencies and private organizations.
  - Planning for our organizations future operations.
  - Resolving grievances within our organization.
  - Reviewing our activities
  - Working with others (such as lawyers, accountants and other providers) who assist us to comply with this notice and other applicable laws.

#### 4. Persons Involved in Your Care

We may disclose medical information about you to a relative, close personal friend or any other person you identify

- If that person is involved in your care and the information is relevant to your care
- If the patient is a minor: to a parent, guardian or other person responsible for the minor
- If we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor.

#### 5. Required by Law

There are many state and federal laws that require us to use and disclose medical information. {For example, to report gunshot wounds and other injuries to the police and to report known or suspected abuse or neglect to the Department of Social Services} We will comply with applicable local, state and federal laws and government mandated reporting.

#### 6. National Priority Uses and Discourses

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as "national priorities." The government has determined that under these certain circumstances, it is so important to disclose medical information that it is acceptable to disclose medical information without the individual's permission.

We will only disclose medical information about you in the following circumstances when we are permitted to do so by law.

- **To prevent or lessen a serious threat to health or safety**
- **Public health activities:** such as related to investigating diseases, reporting abuse and neglect, monitoring drugs or devices regulated by the FDA, and monitoring work-related illnesses or injuries.
- **Abuse, neglect or domestic violence:** we may disclose medical information about you to a government authority such as the Department of Social Services.
- **Health Oversight activities:** For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court Proceedings:** For example, we would disclose medical information about you to a court or officer of the court (attorney) if a judge orders us to do so, if you are involved in a lawsuit or administrative proceeding, or in response to a discovery request, subpoena, or other lawful process by another involved party, but only if we have made an effort to inform you of the request and/or to obtain an order protecting the information the party has requested.
- **Law Enforcement:** to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.
- **Coroners** and medical examiner, or funeral director or to organizations that help with transplants.

- **Worker's Compensation:** to comply with applicable laws and similar programs.
- **Research purposes:** only if the researcher has satisfied certain conditions about protecting the privacy of medical information or we obtain your written authorization.
- **Certain government functions:** such as, military and veteran activities; national security and intelligence activities.

**7. Authorizations – other than the uses and disclosures described above (#1-6), we will not use or disclose medical information about you without the “Authorization” –or signed permission – of you or your personal representative, including for marketing purposes, or for uses and disclosures that constitute the sales of medical information about you.** If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before this revocation.

#### **Patient Rights with Respect to Medical Information About You:**

- 1. Right to a copy of this notice**
- 2. Right to Access to inspect {see or review} and Copy your medical information**
  - If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. We will charge you a fee to cover the costs of the copy.
  - We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.
  - We may be able to provide you with a summary or explanation of the information.
- 3. Right to have Medical Information Amended** {corrected or supplemented} if you believe it is either inaccurate or incomplete.
  - You must provide us with a request to amend in writing and explain why you would like us to amend the information.
  - We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.
- 4. Right to an Accounting Disclosures We Have Made** – The accounting will not include disclosures for treatment, payment, or healthcare operations.
- 5. Right to Request Restrictions on Uses and Disclosures** of medical information about you for treatment, payment and healthcare operations.
  - Under federal law, we must agree to your request and comply with your requested restriction(s) if the disclosure is to a health plan for purpose of carrying out payment of healthcare operations (and is not for purposes of carrying out treatment); and the medical information pertains solely to a healthcare item or service for which the healthcare provided involved has been paid-of-pocket in full
  - Either party may cancel such restriction.
- 6. Right to Request an Alternative Method of Contact** or at a different location.
- 7. Right to Notification if a Breach of Your Medical Information Occurs** – if a breach of your medical information occurs, and if that information is unsecured (not encrypted), we will notify you promptly with the following information.
  - A brief description of what happened.
  - A description of the health information that was involved.
  - Recommended steps you can take to protect yourself from harm;
  - What steps we are taking in response to the breach; and,
  - Contact procedures so you can obtain further information.
- 8. Right to Opt-Out of certain Communications, such as fundraising or marketing**
- 9. Right to assert complaints and grievances** about the provider & healthcare provided. Administrator 513.342.3534 or AAAHC complaints@aaahc.org
- 10. Right to file a complaint about our privacy practices** – You may contact the state to report a compliant: Ohio Department of Health, 246 North High Street, Columbus, Ohio 43215. Phone: 614.995.7466 or Web [www.odh.ohio.gov.com](http://www.odh.ohio.gov.com)
- 11. Right to create Advanced Directives**, which let providers, and others know the person's wishes concerning medical treatment.

#### **Patient Responsibilities**

1. To become informed about their insurance plan including benefits available.
2. To become knowledgeable of the system to access medical care.
3. To keep all scheduled appointments and to notify the provider when unable to keep scheduled appointment.
4. To be on time for all scheduled appointments.
5. To follow all medically appropriate physicians' orders and prescriptions.
6. To treat all personnel with courtesy and respect.
7. To provide complete health status information for accurate diagnosis and appropriate treatment.
8. To always call your PCP before receiving urgent care and, when possible, emergency care.
9. To notify your PCP when you receive emergency care within twenty-four (24) hours, or as soon as possible.
10. To always pay promptly or make arrangements for the payment for their bills and for providing all required information for insurance processing.
11. To advise the organization of barriers to their learning. Visual, auditory or other deficits to include language barriers.
12. To follow preoperative and postoperative instructions and ask question or seek clarification.
13. To provide information about past illnesses, hospitalizations, medications, allergies, sensitivities and other matters relating to their health.
14. To inform organization truthfully regarding the presence, or absence, of an adult care person to be in attendance for the patient postoperative instructions and transportation.
15. To have responsibility of ensuring home care, either through a friend or family member, or home healthcare.

*If you have questions about the information in this Notice or about our Privacy Policies, Procedures or practices, you may contact our Administrator at 844.794.7763  
 By Signing below, I hereby acknowledge reviewing these policies and procedures regarding my healthcare privacy and that I have been offered a copy of this information.*

Sign: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_