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COSMETIC & RECONSTRUCTIVE SURGERY
DIPLOMATE OF THE AMERICAN BOARD OF PLASTIC SURGEONS

NOTICE OF PRIVACY PRACTICES

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.

Understanding Your Health Information

- Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made in order to manage the care you receive. We understand that the medical information that is recorded about you is personal. The confidentiality of your health information is also protected under both the state and federal law.

Your Health Information Rights

Although your health information is the physical property of the facility or practitioner who compiled it, the information belongs to you, and you have certain rights over that information. You have the right to:

- Request, in writing, a restriction on certain uses and disclosures of your health information. However, agreement with the request is not required by law, such as when it is determined that compliance with the restriction cannot be reasonably guaranteed.
- Inspect or obtain a copy of your health record as provided by law.
- Request, in writing, that your health record be amended as provided by law, if you feel the health information we have about you is incorrect or incomplete. You will be notified if the request cannot be granted.
- Request that we communicate with you about your health information in a specific way or at a specific location. Reasonable requests will be accommodated.
- Obtain an accounting of disclosures of your health information as provided by law.
- Obtain a paper copy of this Notice of Privacy Practices on request.

You may exercise these rights by directing a request of our Privacy Contract.

Our Responsibilities

We have certain responsibilities regarding your health information, including the requirement to:

- Maintain the privacy of your health information.
- Provide you with this Notice that describes our legal duties and privacy practices with respect to information that we maintain about you.
- Abide by the terms of the Notice currently in effect.

We reserve the right to change these information privacy policies and practices and to make the changes applicable to any health information that we maintain. Should such changes be made, the revised Notice of Privacy Practices will be made available and will be supplied when requested.

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Uses and Disclosures of Health Information without Authorization

When you obtain our services, certain uses and disclosures of your health information are necessary and permitted by law in order to treat you, to process payments for your treatment and to support our operations. The following categories describe ways that we use or disclose your information, and examples are provided in each category. These examples are not exhaustive, but all of the ways your health information is used or disclosed should fall within one of the categories.

Your health information will be used for treatment.

- For example, disclosures of medical information about you may be made to doctors, nurses, technicians or others who are involved in taking care of you. This information may be disclosed to other physicians who are treating you or to other healthcare facilities involved in your care. Information may be shared with pharmacies, laboratories, home health care agencies, or radiology centers for the coordination of different treatments.

Your health information will be used for payment.

- For example, health information about you may be disclosed so that services provided to you may be billed to an insurance company or a third party. Information may be provided to your health plan about treatment you are going to receive in order to obtain prior approval or to determine whether your health plan will cover the treatment.

Your health information will be used for health care operations.

- For example, the information in your health record may be used to evaluate and continually improve the quality of care and services we provide.

Business associates.

- There are some services that we provide through contracts with third party business associates. Examples include laboratories and transcription agencies. To protect your health information, we require these business associates to appropriately safeguard your information.

Disclosures Requiring Verbal Agreement

- Unless you give notice of an objection, medical information may be released to a family member or friend who is involved in your medical care or who helps pay for your care. Information about you may be disclosed to notify or assist in notification of a family member or friend about your location and general condition.

Disclosures Required by Law or Otherwise Allowed without Authorization or Notification

The following disclosures of health information may be made according to state and federal law without your written authorization or verbal agreement:

- When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or for law enforcement. Examples would be: reporting gunshot wounds or child abuse; or responding to court orders;
- For public health purposes, such as reporting various diseases or disclosures to the FDA regarding adverse events with respect to medications or devices;
- For health oversight activities, such as audits, inspections or licensure investigations;
- To avoid a serious threat to the health or safety of a person or the public;
- For workers' compensation purposes;
- To military command authorities as required for members of the armed forces;
- To correctional institutions or law enforcement officials.

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Other allowable uses and disclosures without authorization

- Contacting you to provide appointment reminders for treatment or medical care, as well as to recommend treatment alternatives

Required Uses and Disclosures

- Under the law we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with federal privacy law.

Uses and Disclosures Requiring Authorization

- Any other uses or disclosures of your health information not addressed in the Notice or otherwise required by the law will be made only with your written authorization. You may revoke such authorization at any time.

Privacy Complaints

- You have the right to file a complaint if you believe your privacy rights have been violated. This complaint may be addressed to our Privacy Contact, Melissa Kadi, R.N. (office manager), at 3317 Unicorn Lake Blvd., Suite 141, Denton, TX 76210. There will be no retaliation for registering any complaint.

Effective Date: March 4, 2010

I acknowledge receipt of the above Notice of Privacy Practices.

Patient (Guarantor) **printed** name

Date

Patient (Guarantor) **Signature**