

Western Reserve Plastic Surgery

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.

If you have any questions about this Notice please contact our privacy representative: Sue Kane.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you that relates to your past, present or future physical or mental health or condition and related health care services.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

You will be asked to sign a consent form. Your information may be used by the physician, the office staff and others outside of the office that are involved in your care and treatment for the purpose of providing healthcare services to you. Your protected health information may be used and disclosed to pay your health care bills and to support the operation of the physicians practice.

Following are examples of the types of uses and disclosures of your protected health information that the physician's office is permitted to make (for more detailed information regarding the definition of any example, please contact the privacy contact, Sue Kane):

- **Treatment**
- **Payment**
- **Healthcare Operations**

Other permitted and required uses and disclosures that may be made with your consent, authorization or opportunity to object:

- **Others involved in your Healthcare** (ie; family members, relative, others identified by you; if you are unable to agree or object, we must disclose such information as necessary; use in assistance with disaster relief efforts)
- **Emergencies**
- **Communication barriers**

Other permitted and required uses and disclosures that may be made without your consent, authorization or opportunity to object:

- **Required By Law**
- **Public Health**
- **Communicable Diseases**
- **Health Oversight**
- **Abuse or Neglect**
- **Food and Drug Administration**
- **Legal Proceedings**
- **Law Enforcement**
- **Coroners, Funeral Directors and Organ Donation**
- **Research**
- **Criminal Activity**
- **Military Activity and National Security**
- **Worker's Compensation**
- **Inmates**
- **Required Uses and Disclosures**

2. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights:

- **You have the right to inspect and copy your protected health information**
- **You have the right to request a restriction of your protected health information**
- **You have the right to request to receive confidential communications from us by alternative means or at an alternative location**
- **You may have the right to have your physician amend your protected health information**
- **You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information**
- **You have the right to obtain a paper copy of this notice from us**

3. Complaints

- You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our private contact of your complaint.
- You may contact our Privacy Contact, Sue Kane at (216) 328-0800 or 5005 Rockside Road, Suite 640, Independence, Ohio 44131 for further information about the complaint process.

This notice was published and becomes effective October 13, 2003

Signed Acknowledgement of Receipt

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Date