

Notice of Privacy Practices

Effective Date: April 14, 2003

Pacific Plastic Surgery

a medical corporation

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“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.”

A. How This Medical Practice May Use or Disclose Your Health Information

Although your medical record is the property of this practice, the information in it belongs to you. The law permits us to use or disclose your information for several purposes. We may disclose your medical information to those involved in your care, such as practice employees, other physicians and health care providers, or pharmacists. We use and disclose medical information about you to obtain payment for services we provide. This may include information to your health plan, our billing service, or other health care providers to assist them in obtaining payment for services they have provided to you. We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of medical care we provide, or to get your health plan to authorize services or referrals. Although federal law does not protect health information which is disclosed to someone other than another healthcare provider, health plan, or healthcare clearinghouse, under California law all recipients of health care information are prohibiting from re-disclosing it except as specifically required or permitted by law.

We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone. We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health related benefits or services that may be of interest to you. We will not otherwise use or disclose your medical information for marketing purposes without your written authorization.

As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we may disclose your health information for those purposes.

We may disclose your health information as necessary to comply with worker's compensation laws, for example to the extent your care is covered by worker's compensation, we will make periodic reports to your employer and worker's compensation insurer about your condition.

We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

In the event that this medical practice is sold or merged with another organization, your health information/record will become property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

B. When This Medical Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this medical practice will not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision.

Right to Request Confidential Communications. You have the right to request in writing that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address.

Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions. You must submit a written request detailing the information you want access to and whether you want to inspect or copy it. We will charge a reasonable fee, as allowed by California and federal law.

Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraph A, or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

You have a right to a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact Dr. Mackenzie.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required to comply with this Notice. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our office, and a copy will be available at each appointment.

E. Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to Dr. Mackenzie. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to: Department of Health and Human Services, Office of Civil Rights, Hubert H Humphrey Bldg., 200 Independence Avenue S.W., Room 509F HHH Building, Washington, D.C. 20201. You will not be penalized for filing a complaint.