



Written Acknowledgement Form

Our Notice of Privacy Practices provides information about how we may use and disclose medical information about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy.

I, _____ (Please print patient name) have been provided a copy of the Medical Practice's Notice of Privacy Practices.

I have had an opportunity to read the Notice of Privacy Practices.

I understand that I may ask questions to the Medical Practice if I do not understand any information contained in the Notice of Privacy Practices.

Patient Signature

Date

Authorized Representative of Patient

Relationship to Patient

Date

HIPAA Notice of Privacy Practices

Effective Date: August 11, 2016

RICHMOND PLASTIC SURGEONS
5899 Brems Rd, Ste 205
Richmond, VA 23226
(804) 285-4115

RICHMOND PLASTIC SURGEONS
14401 Sommerville Ct
Midlothian, VA 23113
(804) 285-4115

THE VIRGINIA CENTER FOR
PLASTIC SURGERY
5899 Brems Rd, Ste 201
Richmond, VA 23226

If you have questions about this notice, please contact our Privacy Officer, Diane Main at (804) 285-4115.

Your medical information is personal. We are committed to protecting your medical information. We create a record of the care and services you receive at Richmond Plastic Surgeons or The Virginia Center for Plastic Surgery hereinafter referred to as the Practice. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the Practice whether made by your personal physician or one of the office's employees.

This Notice will tell you about the ways in which we may use and disclose your medical information. This Notice will also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

The Practice is required by law to:

1. Make sure that medical information that identifies you is kept private;
2. Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
3. Follow the terms of the Notice that is currently in effect.

How this Office May Use and Disclose Your Medical Information

The following describes the different ways that your medical information may be used or disclosed by the Practice. For clarification we have included some examples. Not every possible use or disclosure is specifically mentioned. However, all of the ways we are permitted to use and disclose your medical information will fit within one of these general categories:

For Treatment: We will use medical information about you to provide you with medical treatment and services. We may disclose medical information about you to doctors, physician assistants, nurse practitioners, nurse midwives, nurses, technicians and other office personnel who are involved in providing you medical treatment.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive at this Practice may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received here so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

To Individuals Involved in Your Care or the Payment of Your Care: We may disclose medical information about you to a family member or close friend involved in your medical care. We may also give information to someone who is involved with payments or helps pay for your care. Additionally, we may disclose information for notification.

For Health Care Operations: We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for

you. We may also combine medical information about many of our patients to decide what additional services the Practice should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, physician assistants, nurse practitioners, nurse midwives, nurses, technicians, and other office personnel for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identity of the specific patients.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Practice.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition.

As Required By Law: We will disclose medical information about you when required to do so by federal, state or local law. For example, disclosure may be required by Workers' Compensation statutes and various public health statutes in connection with required reporting of certain diseases, child abuse and neglect, domestic violence, adverse drug reactions, etc.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Health Oversight Activities: We may disclose medical information to a governmental or other oversight agency for activities authorized by law. For example, disclosures of your medical information may be made in connection with audits, investigations, inspections, and licensure renewals, etc.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may use your medical information to defend the office or to respond to a court order.

Law Enforcement: We may release medical information about you if required by law when asked to do so by a law enforcement official.

Coroners and Medical Examiners: We may release medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

Other Uses of Medical Information

Other uses and disclosures of your medical information not covered by this Notice of Privacy Practices will be made only with your written authorization. If you provide us such an authorization in writing to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization.

Your Rights Regarding Your Medical Information

You have the following rights regarding the medical information the Practice maintains about you:

Right to Inspect and Copy: You have the right to inspect and obtain an electronic or hard copy of your medical information with the exception of any psychotherapy notes.

To inspect and obtain a copy of your medical information, you must submit your request in writing to Debbie East, Office Manager. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and obtain copies of your medical information in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. For information regarding such a review, contact Diane Main, Practice Administrator at (804) 285-4115.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the Practice.

To request an amendment, your request must be made in writing and submitted to Debbie East, Office Manager. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. Was not created by us;
2. Is not part of the medical information kept by this office;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an "accounting of non-routine disclosures." This is a list of the disclosures this office has made of your medical information.

To request this accounting of disclosures, you must submit your request in writing to Debbie East, Office Manager. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003.

Right to Request Restrictions: You have the right to request a restriction or limitation on the use or disclosure we make of your medical information.

We are not required to agree to unreasonable requests for a restriction. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

The Practice will honor any request for restrictions of disclosures to a health plan for payment or health care operation purposes, if the protected health information relates solely to a health care item or service for which you have paid for in full.

To request restrictions, you must make your request in writing to Debbie East, Office Manager.

Right to Request Confidential Communications: You have the right to request that we communicate with you only in a certain manner. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Debbie East, Office Manager. We will accommodate all reasonable requests.

Right to a Copy of This Notice: You have the right to a paper or electronic copy of this Notice. If you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

To obtain a paper copy of this Notice, contact Debbie East, Office Manager.

Revisions to This Notice

We reserve the right to revise this Notice. Any revised Notice will be effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of any revised Notice at the Practice. Any revised Notice will contain the effective date on the first page of the notice in the upper left-hand corner. In addition, each time you visit the Practice we will offer you a copy of the current Notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact Diane Main, Practice Administrator at (804) 285-4115. All complaints must be submitted in writing. Our privacy officer will review all patient complaints and, if appropriate, conduct an investigation to develop the necessary information regarding the complaint. The results of the privacy officer's determination will be communicated to the patient in writing within (15) fifteen days of receiving the written complaint. If any measures will be taken by the Practice to mitigate any improper uses or disclosures of protected health information, this will also be communicated in the above written communication to the patient.

THIS OFFICE WILL NOT PENALIZE YOU IN ANY WAY FOR FILING A COMPLAINT.