

FACIAL PLASTIC SURGERY CENTER
A Division of Otolaryngology Associates, PC

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SUMMARY OF PRIVACY PRACTICES

This document summarizes the privacy practices of the Facial Plastic Surgery Center, a division of Otolaryngology Associates, PC, as required by the privacy regulation created under the Health Insurance Portability and Accountability Act of 1996. You may request a complete copy of our Notice of Privacy Practices at any time and one will be provided to you free of charge.

Medical information about you may be used and/or disclosed by our practice. The following information summarizes how we may use and/or disclose your protected health information (PHI), your privacy rights regarding your PHI and our obligations concerning the use and disclosure of your PHI.

Uses and Disclosures: We will use and disclose elements of your PHI in the following ways.

Without your signed authorization in routine situations:

- ◆ For treatment purposes (e.g. writing prescriptions, ordering lab tests);
- ◆ For billing and payment purposes (e.g. contacting insurance companies, sending out bills);
- ◆ For internal purposes (e.g. conducting quality of care reviews);
- ◆ To contact you about appointment reminders, treatment alternatives and other health related benefits and services;
- ◆ To family/friends that participate in your care;
- ◆ For disclosures required by federal, state or local law.

Without your signed authorization in special circumstances:

- ◆ To public health authorities regarding public health risks;
- ◆ To health oversight regulatory agencies as required by law;
- ◆ In response to a court or administrative order;
- ◆ To law enforcement officials;
- ◆ To organizations handling organ, eye or tissue procurement;
- ◆ In emergency situations or to avert serious health/safety situations;
- ◆ To the military if required by the appropriate authorities;
- ◆ To federal officials for intelligence activities if required by law;
- ◆ To correctional institutions or law enforcement officials if you are an inmate;
- ◆ To workmen's compensation or similar programs.

All other uses and disclosures will require us to obtain from you written authorization.

You have the following rights concerning your PHI.

Your Rights:

- ◆ **Confidential Communications:** To request that our practice communicate with you about your PHI in a particular manner or at a certain location.
- ◆ **Restrictions:** To request restricted access to all or part of your PHI. Request must be submitted in writing. We are not required to grant your request.
- ◆ **Access:** To inspect or receive copies of your PHI.
- ◆ **Amendments:** To request changes be made to your PHI. We are not required to grant your request.
- ◆ **Accounting:** To receive an accounting of the non-routine disclosures by us of your PHI in the six years prior to your request (but not before 4/14/03).
- ◆ **This Notice:** To get updates or reissues of this notice, at your request.
- ◆ **Complaints:** To complain to us or to the US Dept. of Health & Human Services if you feel your privacy rights have been violated. The law forbids us from taking retaliatory action against you if you complain.
- ◆ **Authorization for other Uses and Disclosures:** To obtain your written authorization for uses and disclosures not permitted by applicable law.

For your convenience, we have developed simple forms for you to document your requests. These forms are available upon request and must be submitted to **Otolaryngology Associates, PC, ATTN: Privacy Officer, 8316 Arlington Blvd, Suite 300, Fairfax, VA 22031.**

Our Duties: We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice or any update of this notice.

Privacy Contact: For more information about our privacy practices or to file a complaint about our privacy practices, please contact:

**Otolaryngology Associates, PC
ATTN: Privacy Officer
8316 Arlington Blvd, Suite 300
Fairfax, VA 22031
(703) 573-7600**

Effective Date: This notice is effective April 14, 2003.

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