



Sheryl G. Pilcher MD, 210-654-9900

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 AND COMPLETELY.

The Health insurance Portability and Accountability Act of 1996 ("HIPPA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPPA" provides penalties for covered entities that misuse personal health information. Compliance with this Act is required by April 14, 2003.

As required by "HIPPA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical record only for each of the following purpose: 1) treatment, 2) payment and 3) health care operations.

- **Treatment** means providing, or managing health care and related services by one or more health care providers. Examples would include information pertaining to consultation, examination, surgery and other medical care. These are often requested by other health care providers involved with your care or entities involved in your care such as hospitals and surgery centers. Insurance companies frequently request this information to determine coverage of a particular procedure, including insurance for cosmetic surgery. They request this be sent through the mail, and/or via fax or internet (electronic). This information can also include photographs. When photographs are involved no facial features are included unless the area of concern is located on the face. Mailings and/or appointment reminders sent to you or others may contain our business name, logo and/or doctor's name. We may send you e-mails confirming appointment and/or surgery times, and request results of needed labs, tests, procedures or medical evaluations.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. Examples would include sending a bill for your treatment to an insurance company or other source responsible for your payment. Please be aware that although payments via check or credit card by you contain no health information, they will be deposited into an account readily identifiable by bank or card personnel as being associated with a "plastic surgeon's office."
- **Health care operations** include the business aspects of running our practice, such as conducting assessment and improvement activities, auditing functions, cost management analysis and customer service.

We may also contact you and distribute de-identifiable health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or health related benefits and services that may be of benefit to you. Reminders may be in the form of a letter, postcard or voice message on your answering machine.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to abide by that written request, except to the extent that we have already taken actions relying on your authorization.

NOTICE OF PRIVACY PRACTICES – continued

Except as described in this Notice of Privacy Practices, this medical practice will not use or disclose personal health information, (PHI), including electronic, that identifies you without your written authorization. Individual authorization is required for uses such as psychotherapy notes, PHI for marketing, sale of PHI, or fundraising. This practice does not participate in any of these practices at this time.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer, Dr. Sheryl Pilcher.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to family members, other relatives, close personal friends or any other person identified by you. It is our policy to be as discrete as possible at all times. We do however frequently need to relay information to friends and relatives pertaining to your care such as your course during surgery or recovery. We may relay information to a significant other or answering machine about appointments or billing issues. If you do not want us to call a place of employment or home or leave messages please notify us.
- The right to reasonable requests to receive confidential communication of protected health information, from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive any accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us on request.
- The right to be notified of any breach of unsecured protected health information, as required by law.

We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective of all protected information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Policy from this office.

You have recourse if you feel that your privacy protections have been violated. You have a right to file a formal complaint with our office or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of the policies and procedures of our office. We will not retaliate you for filing a complaint.