

CONGRESS COSMETIC MEDICAL CORP
10 CONGRESS STREET, SUITE 320
PASADENA, CA 91105
(626) 585-9474

NOTICE OF PRIVACY PRACTICES

Our Responsibility to You Regarding Your Medical Information:

We understand your medical information is personal, and we are committed to protecting the privacy of your medical information. In an effort to provide the highest quality medical care and to comply with certain legal requirements, we will and are required to:

- Keep your medical information private
- Provide you with a copy of this notice
- Follow the terms of this notice
- Notify you if we are unable to agree to a restriction that you have requested
- Accommodate reasonable requests by you to communicate your health information by alternative means

How May We Use and Disclose Medical Information about You:

We may use and disclose medical information about you for your treatment (such as sending medical information to your primary care or other health providers as part of a referral); to obtain payment for treatment (such as billing information to your insurance company of Medicare); and to support our healthcare operations (such as comparing patient data to improve treatment methods).

How This Information Will Be Used:

- We may contact you for appointment reminders, or to tell you about or recommend possible Treatment options, alternatives, health-related benefits or services.
- We may contact you via email and/or text message in the future to tell you about specials, new products or services, unless you ask us not to contact you by these methods.
- We may also give information to those you identified as responsible for payment.

We may share your medical information without your prior authorization for the following purposes:

- Law: We may disclose medical information when required by law, a request from law enforcement, or a valid judicial or administrative order.
- Public Health: We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability, child abuse or neglect, etc. As required by law.
- Business Associates: There are some services provided through contacts with business associates such as our billing company (i.e. we may disclose medical information about you to a company that bills insurance companies on our behalf to enable that company to help us obtain payment for the healthcare services we provided, or outside laboratory for pathology services).
- Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care of your location and general condition.

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- Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events.
- Worker's Compensation: We may disclose health information necessary to comply with related laws, or other similar programs established by law.
- State Requirements: The State has requirements for reporting, including population based activities related to improving health or reducing healthcare costs.

Other Uses of Medical Information:

In any other situation not covered by this notice, we will ask you for your written authorization before using or disclosing your medical information. If you choose to authorize us to use or disclose your health information, you can later withdraw authorization by notifying us in writing, except information previously disclosed based on your initial authorization.

Your Rights Regarding Medical Information About You:

Although your medical record is our property, you have the right to:

- Request a restriction in writing, on certain uses or disclosures of your medical information for treatment, payment or healthcare operations, with the exception of emergency situations. We will consider your request, but we are not legally required to agree to a requested restriction.
- Inspect and obtain a copy of your medical information, in most cases upon receipt of written authorization.
- Request in writing, an amendment to your medical records if you believe the information in your medical record is incorrect or important information is missing. We could deny your request if we determine that the medical record is accurate.
- Request in writing how and where you wish to have medical information communicated to you in a confidential way or alternative location.

Changes to This Notice:

We have the right to change this notice at any time. We have the right to make the revised or changed notice 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 the current notice. The notice will contain the effective date. In addition, you may request a copy of the current notice each time you are seen at our office.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with the U.S. Department of Health and Human Services, Offices of Civil Rights, 200 Independence Avenue, S.W., Washington, DC 20201. Filing a complaint will not affect the treatment you receive.

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Notice of Privacy Act Practices

HIPPA (Health Insurance Portability and Accountability Act) regulations require us to provide you, the patient or personal representative, a copy of our Notice of Privacy Practice and for you to sign as an acknowledging receipt of it.

Signature _____ Date _____

You may share information about my condition with the following:

Request For Alternative Means of Communication

Please specify how or where you would like to be contacted:

Phone answering machine number : _____

May we send you text messages regarding our services and promotions: ___ Yes ___ No

May we email you regarding our services and promotions? If yes please provide us with your email address: _____

Signature of Patient or Representative: _____

Relationship to patient if other than him/herself : _____

Date: _____

Witness: _____ Date: _____