



ASSOCIATES SURGERY CENTER, LLC (ASCO) &



LOWE PLASTIC SURGERY (LPS)

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NOTICE OF PRIVACY PRACTICES - YOUR PRIVACY MATTERS

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.

Safeguarding your health information is important to us. As providers who often work together with other providers to provide you with care, we have developed certain practices to help protect your health information. This summarizes some of these privacy practices that we use at ASCO & LPS (an affiliated entity).

In general, our privacy practices describe how, when and why we may use and disclose your health information, as well as your rights with regard to your health information.

You are entitled to receive and review our full length legal notice of privacy practices.

The Health Insurance Portability and Accountability Act of 1996, which is the federal law commonly known as "HIPAA," provides certain protections for any of your health information that can be specifically identified as yours. HIPAA permits and our privacy practices allow us to use your individually identifiable health information, or to share it with another health care provider, or an insurance company, in the following circumstances:

- To treat and to care for you, including contacting you for appointment reminders;
- To obtain payment from you or your insurance company; or
- In connection with our health care operations, which are operational activities typically carried out by health care providers, such as quality assessment and improvement, review or training of health care professionals, business planning, customer service, grievance resolution, and other general administrative activities.

HIPAA also allows us to use certain health information for the following activities, as necessary:

- For our fund-raising purposes;
- When required by law;
- When permitted by HIPAA for such activities including:
 - For public health and safety;
 - To health oversight agencies for monitoring of the health care systems;
 - To law enforcement related to its criminal investigations;
 - For judicial and administrative proceedings; or
 - For organ donation
- For research (provided other precautions are taken regarding your information)
- We will also follow other federal and state laws when they provide extra protection regarding your health information.

If our use or disclosure is not for one of the activities described above and is not otherwise permitted under HIPAA, we will ask you to complete a written authorization before we use or release your health information. The authorization will:

- Describe in detail the health information it covers;
- Identify to whom your health care information will be released and how it will be used;
- Describe when it will be used or released; and
- State the expiration date.

Our Notice's Latest Effective Date: January 1, 2015

When receiving services from us, you will also be able to decide whether we can discuss your health information with your family or friends.

Even if you have provided us with your authorization, you may withdraw that authorization, in writing, at any time, to stop our future disclosures of your health information. Information disclosed before you revoked your authorization will not be returned and any actions that we have already taken based on prior authorizations will not be affected.

Your rights regarding your health information (HIPAA) provide you with the following rights regarding your health information:

1. **Restricting a Use/Disclosure.** You may request a restriction on how we use or disclose your health information. We are not required to agree to your request and any approved restriction may only be followed to the extent permitted by law.
2. **Requesting Confidential Communications.** You may request reasonable changes in how or where we may contact you to remind you of an appointment, for lab results or other health information.
3. **Inspecting and Obtaining Copies of your Health Information.** You may ask, in writing, to look at and/or obtain a copy of your health information. There may be a fee associated with your request.
4. **Requesting a Change in Your Health Informations.** You may ask, in writing, for an accounting of certain types of disclosures made of your health information. Disclosures made with your authorization will not be included in the accounting.
5. **Obtaining a Notice of Our Privacy Practices.** Our notice explains and informs you of our privacy practices. You may obtain a copy of our Notice to review. Simply ask the receptionist at the front desk and it will be provided to you for your review while you are in our office.

We welcome an opportunity to address any questions or concerns that you may have regarding the privacy of your health information. If you believe that the privacy of your health information has been violated, you may contact us to discuss this concern. For questions or requests concerning a hospital or other facility, please contact the Patient Care Representative/Guest Services or HIPAA liaison by contacting the operator at that facility. For questions or requests concerning ASCO & LPS, please contact the Office Manager at 405-942-4300 or at the office address:

ASCO & LPS
2520 NW Expressway
Oklahoma City, OK 73112

You will not be penalized or retaliated against for voicing a privacy concern or for filing a complaint.