

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect July 1, 2016 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and we will provide copies of the new Notice.

You may request a copy of our Notice at any time. The Notice is also available in our office and on our website.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your health information for different purposes, including treatment, appointment reminders and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records. We will not use or share your information other than as described here unless you give us your written permission. You may change your mind at any time by letting us know in writing.

Treatment: We may use and disclose your health information for your treatment. *For example: we may disclose your health information to a surgery center/anesthesia providing care to you.*

Appointment Reminders: We may use and disclose your health information to contact you with appointment or medication reminders. You may request that we provide such reminders in a certain way or at a certain place. We will try to honor all reasonable requests. We may also communicate to you by mailings, e-mail, or other means about treatment options and pricing for surgery. *For example: we may e-mail your pre-operative information including procedure and price.*

Health Care Operations: We may use and disclose your health information in connection with our health care operations. *For example: health care operations include quality assessment and improvement activities, conducting training programs and licensing activities.*

Individuals Involved in your Care: We may disclose your health information to your family or any other individuals identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways that contribute to the public good, such as public health and research. We are required to meet many conditions by law before we can share your information for these purposes.

Help with public health and safety issues

We can share information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Organ and tissue donation

We can share health information about you with organ procurement organizations.

Medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address Worker's Compensation, law enforcement, and other government requests

We can use or share health information about you:

- For Worker's Compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Lawsuits and legal actions

We can share health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

YOUR HEALTH INFORMATION RIGHTS

You have many rights concerning the confidentiality of your health information. This section explains your rights.

Access: You have the right to look at or get copies of your health information. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable cost-based fee.

Amendment: You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why it was denied.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request that we disclose a limited amount of medical information to someone involved in your care or involved in payment for your care. We are not required to agree to your restriction request. If we do agree, we will notify you in writing and will honor our agreement unless we need to use or disclose the information to provide emergency treatment to you or if the law requires us to disclose it.

We will agree to your request to restrict disclosure of your medical information to a health plan if the disclosure is for the purpose of payment or health care operations; is not otherwise required by law; and the medical information you wish to restrict pertains solely to a health care item or service for which you, or someone other than your health plan, has paid in full.

Disclosure Accounting: You can ask for a list (accounting) of the times we've shared your health information, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Right to Notice of a Breach: We are required to notify you of a breach of your medical information. A breach is any unauthorized acquisition, access, use, or disclosure of certain categories of medical information that compromises the security or privacy of this medical information.

File a Complaint: If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information listed at the end of this Notice. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Room 509F, HHH Bldg., Washington, D.C. 20201, calling 800-368-, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Changes to This Notice: We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have as well as any information we receive in the future. We will post a copy of the current Notice at our office as well as on our website. The beginning of our Notice will contain the Notice's effective date.

**Daniel A. Medalie, M.D.
Cleveland Plastic Surgery
25700 Science Park Dr, Ste 190
Beachwood, OH 44122
216-393-9924
216-393-9925 (fax)**