

NOTICE OF PRIVACY PRACTICES FOR COSMETIC SURGERY SPECIALISTS

Effective date: April 14, 2003

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

This notice is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). It is designed to tell you how we may, under federal law, use or disclose your health information.

1. We may use or disclose your health information for purposes of treatment, payment or healthcare operations with or without consent. Here is one example of each:
 - The healthcare professional – including doctors, nurses and technicians – in our office may access your information for purposes of providing you care.
 - Our billing department may access your information – and send relevant parts – to your insurance company to allow us to be paid for the services we render to you.
 - We may use and disclose health information about you in order to run the office, evaluate the performance of our staff, and to make sure that you and our other patients receive quality care.

2. We may use or disclose your health information under the following circumstances without obtaining your prior consent or authorization:
 - For treatment, payment or healthcare operations (see above).
 - To provide it to yourself.
 - In order to contact you to provide appointment reminders or to give information about other treatments or health-related benefits and services that may be of interest to you. We may leave a message on your answering machine, voice mail, or with the person that answers the telephone about your upcoming appointment or change in usage of any medications that you are taking.
 - To avert a serious threat to health and safety.
 - As required by federal, state, or local law.
 - For research.
 - For organ and tissue donation.
 - For military, veterans, national security and intelligence.
 - For Worker's Compensation.
 - For public health risks.
 - For health oversight activities.
 - For lawsuits and disputes.
 - For law enforcement.
 - For coroners, medical examiners and funeral directors.
 - Information not personally identifiable.
 - For family and friends

3. For all other circumstances, we may only use or disclose your health information after you have signed an authorization. If you give us an authorization to use or disclose health information about yourself, you may revoke that authorization, in writing, at any time.

YOUR RIGHTS

1. You have the right to inspect and copy your health information. We may charge you a reasonable cost-based fee to cover copying, postage and/or preparation of a summary.
2. You have a right to request that we amend your health information that is incorrect or incomplete. We are not required to change your health information and will provide you with information about our denial and how you can disagree with the denial.
3. You have a right to receive an accounting or disclosure of your health information made by us. We do not have to account for disclosures made for treatment, payment, healthcare operations and information provided to you.
4. You have the right to request restrictions on the uses and disclosures of your health information. We are not required to comply with your request. Your request must be in writing.
5. You have the right to receive your health information through confidential means, through a reasonable alternative means, or at an alternative location.
6. You have the right to a paper copy to this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, please contact _____ at (215) 750-9400.

OUR DUTIES

- We are required by law to maintain the privacy of your health information and to provide you with a copy of this Notice upon request.
- We are required to abide by this Notice.
- We reserve the right to amend this Notice at any time in the future and make the new Notice Provisions applicable to all your health information, even it was created prior to the change in the Notice. If such amendment is made, we will immediately display the revised Notice at our office and provide you with a copy of the amended Notice. We will also provide you with a copy, at any time, upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

CONTACT INFORMATION

You may contact us about privacy practices by phoning us at (215) 750-9400.

**PATIENT ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

Our practice is committed to securing the privacy of your health information. Accordingly, we have offered you a copy of our practice's Notice of Privacy. You are not required to read this notice. However, we would like your acknowledgement that you have been notified that the practice has such a Notice of Privacy Practices.

I have been notified and offered a copy of the Notice of Privacy Practices of Cosmetic Surgery Specialists.

PATIENT SIGNATURE

PRINT PATIENT NAME

DATE