

NOTICE OF PRIVACY PRACTICES

The Zannis Center For Plastic Surgery, P.A.

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. IF YOU HAVE ANY QUESTIONS ABOUT ANY PART OF THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER.

At the Zannis Center for Plastic Surgery, P.A. (the "Practice"), we understand that your medical information is personal to you, and we are committed to protecting the information about you. This notice of Privacy Practices describes how we may use and disclose your protected health information needed to treat you, obtain payment for services, for health care operations, and for other purposes permitted by law.

The term "protected health information" means any information about you, including information that may identify you and relates to your past, present or future physical or mental health or condition and related health care services.

The practice may change the terms of this Notice at any time. The new notice will be effective for all protected health information that we maintain at that time with the last revision date in the lower left corner. The current notice will always be posted in our office. To request a revised Notice of Privacy Practices, you may call the office and request a copy or ask for a copy at your next visit.

How We May Use and Disclose Your Protected Health Information.

Treatment

We will use medical information about you that was on file prior to this Notice or which may be obtained after the date of this Notice to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with others that have already obtained your permission to have access to your protected health information. Therefore, we may disclose protected health information about you to doctors, nurses, laboratory or imaging technicians, medical students, or hospital who are involved in taking care of you. We may also disclose information to other doctors who may be treating you or to who we may refer you for care. These doctors may need your protected health information to provide appropriate care.

Payment

We may use and disclose your protected health information to enable us to bill and either collect payment from you, a health plan, or a third party for services and procedures. For example, we may tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment, to facilitate payment of a referring physician, or the like.

Health Care Operations

We may use and disclose protected health information about you so that we can run our Practice

more efficiently and make sure that all of our patients receive quality care. These uses may include reviewing our treatment and services to evaluate the performance of our staff, deciding what additional services to offer, determining what services are not needed, whether certain new treatments are effective, and for review and learning purposes.

We may also use or disclose your protected health information for internal or external utilization review and or quality assurance, to business associates for purposes of helping us to comply with our legal requirements, to auditors to verify our records, to billing companies to aid us in this process, and the like.

Appointment and Patient Recall Reminders

We may use and disclose your protected health information to contact you as a reminder that you have an appointment with the Practice or that you are due to receive periodic care from the Practice. Please let us know, in writing, if this is not acceptable or if there is another telephone number, e-mail address, or method of notification you prefer.

Required By Law

We will disclose your protected health information when required to do so by federal, state or local law.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object.

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object. If you are not present or able to agree or object to the use or disclosure of your protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Others Involved In Your Healthcare

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care.

Research

Under certain circumstances, we may use and disclose medical information about you for research purposes regarding medications, efficiency of treatment protocols, and the like. We will obtain authorization from you before using or disclosing your protected health information unless the authorization requirement has been waived. If possible, we will make the information non-identifiable to a specific patient.

To Avert a Serious Threat to Health or Safety

We may use and disclose your protected health information when necessary to prevent a serious threat either to your specific health and safety or the health and safety of the public or another

person. Any disclosure, however, would only be to someone able to help prevent the threat.

Organ and Tissue Donation

If you are an organ donor, we may release protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Workers' Compensation

We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

Law or public policy may require us to disclose your protected health information for public health activities. The disclosure will be made for the purpose of controlling disease, injury, or disability.

Investigation and Government Activities

We may disclose your protected health information to a local, state, or federal agency for oversight activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the payor, the government, and other regulatory agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. This is particularly true if you make your health an issue. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We shall attempt in these cases to tell you about the request so that you may obtain an order protecting the information requested if you so desire. We may also use such information to defend ourselves or any member of our Practice in any actual or threatened action.

Law Enforcement

We may disclose protected health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the Practice; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors

We may release protected health information to a coroner, medical examiner, or funeral director.

Other Uses and Disclosures of Your Protected Health Information

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you have provided us with your permission to use or disclose your protected health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

PATIENT RIGHTS

THIS SECTION DESCRIBES YOUR RIGHTS AND THE OBLIGATIONS OF THIS PRACTICE REGARDING THE USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION.

You have the following rights regarding protected health information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy protected health information that may be used to make decisions about your care. This includes your own medical and billing records, but does not include psychotherapy notes, information compiled in anticipation or, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that otherwise prohibits access. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed.

To inspect and copy your medical record, you must submit your request in writing to our Privacy Officer. You may write directly to our Privacy Officer at our office location or call the main office line and ask the front desk for the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies (tapes, disks, etc.) associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that our Privacy Officer review the denial.

Right to Obtain a Copy in Electronic Format, if available

You have the right to obtain a copy of your protected health information in electronic format if such information is contained in an electronic health record.

Right to Amend

If you feel that the medical information we have about you in your record is incorrect or incomplete, then you may ask us to amend the information, following the procedure below. You have the right to request an amendment for as long as the Practice maintains your medical record.

To request an amendment, your request must be submitted in writing, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated, signed by you, and notarized.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the Practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is inaccurate and incomplete.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures" made by this practice after April 14, 2003. This is a list of the disclosures we made of your protected health information to others not involved with your treatment, payment of services rendered to you, or health care operations as previously defined in this Notice. This list will exclude disclosures we may have made to you, your family members or others involved in your care pursuant to your authorization. To request this list, you must submit your request in writing.

Your request must state a time period not longer than six years back and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You may ask us not to use or disclose any part of your protected health information and by law we must comply when the protected health information pertains solely to a health care item or service which the Practice has been paid out of pocket in full. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care (a family member or friend). For example, you could ask that we not use or disclose information about a particular treatment you received.

To request restrictions, you must make your request in writing to our Privacy Officer with specific instructions. If we agree with your request, we will comply with your request except that we shall not comply, even with a written request, if the information is excepted from the consent requirement or we are otherwise required to disclose the information by law.

Right to Notice of a Breach

You have the right to be notified in the event of a beach of any of your unsecured protected health information.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, that

we not leave voice mail or e-mail, or the like.

To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish us to contact you.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

A copy of this Notice may also be found on our website.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact our Privacy Officer, who will direct you on how to file an office complaint.

All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you.

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.

Please sign below to acknowledge you have received or have been given the opportunity to receive a copy of our Notice of Privacy Practices.

Patient Signature: _____

Name: _____

Date: _____

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