



# Notice of Privacy Practices

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.

Kramer Plastic Surgery is required by law to maintain the privacy of your health information consistent with the requirements of the Health Insurance Portability and Accountability Act and its implementing regulations, 45 C.F.R. part 164. Protected health information is the information we create and obtain in providing our services to you. All protected health information used by us is covered in this policy and applies to any such information in any form, e.g., oral, written, electronic, photographs, videos, etc.

## **1. Uses and Disclosures of Protected Health Information that do not require written**

**Authorization.** We may use or disclose protected health information for the following purposes without your written authorization.

**a. Treatment.** We may use or disclose protected health information to provide treatment to you. For example, Kramer Plastic Surgery personnel may use or disclose information to evaluate, treat, schedule appointments, make referrals, etc. In addition, we may disclose information to other health care providers so that the other providers may properly treat you.

**b. Payment.** We may use or disclose protected health information to obtain payment for services rendered to you. For example, we may contact third party payors to obtain pre-authorization or submit claims; perform billing functions; send a claim to collections; etc. We may also disclose protected health information to another provider so the other provider may obtain payment for his or her services.

**c. Health Care Operations.** We may use or disclose protected health information for our internal health care operations that are necessary to providing health care services to ensure you receive quality care. For example, we may use information from your medical records to review performance, staff training, or to make business decisions affecting Kramer Plastic Surgery and our services.

**d. To Family, Close Friends, or Others Involved in Care or Payment.** We may disclose protected health information to family members, close friends, or others involved in your healthcare or payment for healthcare under the following circumstances: (1) if you are present, have the capacity, and either agree to the disclosure or do not object despite having the opportunity to do so. (2) if you are not present or lack capacity, but we believe that disclosure is in your best interest; or (3) . In the case of minors, deceased patients, or other patients who lack capacity to make their own healthcare decisions.

**e. To Avert Serious Threat.** We may disclose information if necessary to prevent or lessen serious and imminent harm to the patient or others.

**f. Disclosures Required by Law.** We may disclose protected health information to the extent that such use or disclosure is required by law.

**g. Subpoenas and Court Orders.** We may disclose information pursuant to a court order, warrant, subpoena or administrative demand if we receive satisfactory assurances from the person requesting the information that efforts have been made to inform you of the request or to obtain a protective order.

**h. Workers Compensation.** We may disclose information relevant to a workers compensation matter as authorized by and to the extent necessary to comply with laws relating to workers compensation claims.



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**i. Police, Regulators, and Other Government Officials.** We may disclose protected health information, subject to specific limitations, for certain law enforcement purposes, including to identify, locate, or catch a suspect, fugitive, material witness, or missing person; to provide information about the victim of a crime; to alert law enforcement that a person may have died as a result of a crime; or to report a crime.

**j. Public Health Activities.** We may use or disclose protected health information for certain public health activities, such as reporting information necessary to prevent or control disease, injury, or disability, reporting births and deaths, or reporting limited information for FDA activities.

**k. Health Oversight Activities.** We may disclose protected health information to governmental health oversight agencies to help perform certain activities authorized by law, such as audits, investigations, and inspections.

**l. Research.** We may use or disclose protected health information for research as approved by an institutional review board or privacy board and appropriate steps have been taken to protect the information.

**m. Military.** If you are in the military, we may disclose protected health information as required by military command authorities.

**n. Appointments and Services.** We may disclose protected health information as authorized by you to provide appointment reminders, or to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**o. Marketing.** We may use or disclose protected health information for limited marketing activities, including face-to-face communications with you about our services.

**p. Business Associates.** We may disclose protected health information to our third party business associates who perform activities involving protected health information for Kramer Plastic Surgery, e.g., billing or transcription services. Our contracts with the business associates require them to protect your health information.

**2. Authorization for Use or Disclosure.** We will obtain a written authorization from you before using or disclosing your protected health information for purposes other than those summarized above. Examples where your authorization would be required include, but are not limited to: disclosure of psychotherapy notes, marketing purposes that require authorizations, or if any of your health information would be sold.

### Your Rights Concerning your protected Health Information

You have the following rights concerning your protected health information. To exercise any of these rights, you must submit a written request to the privacy contact identified.

**1. Right to additional restrictions.** You may request additional restrictions on the use or disclosure of your protected health information for treatment, payment, or health care operations.

- We are required to review the restriction; however, we are not required to agree to a requested restriction except for a request to restrict disclosure of information to your insurance carrier or health plan, if the services that you do not want billed are paid for in full at the time of service.



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- If we agree to a restriction, we will comply with the restriction unless an emergency situation or the law prevents us from complying with the restriction, or until the restriction is terminated by you.

**2 Right to Communicate by Alternative Means.** We normally contact you by telephone, e-mail, or mail at your home address. You may request that we contact you by some other method or at some other location. We will not ask you to explain your reason for your request. We will accommodate reasonable requests.

**3 Right to Inspect and Copy.** You have a right to inspect and obtain a copy of protected health information that is used to make decisions about your care or payment for your care. We may charge a reasonable cost-based fee for providing the records.

**4. Right to Request Amendment to Record.** You may request that your protected health information be amended. You must explain the reason for your request in writing. We may deny your request if we did not create the record unless the originator is no longer available; if you do not have a right to access the record; or if we determine that the record is accurate and complete. If we deny your request, you have the right to submit a statement disagreeing with our decision and to have the statement attached to the record.

**5. Right to an accounting of Certain Disclosures.** You may receive an accounting of certain disclosures we have made of your protected health information. We are not required to account for disclosures for treatment, payment, or health care operations; to family members or others involved in your health care or payment; for notification purposes; or pursuant to our facility directory or your written authorization.

**6. Right to a Copy of This Notice.** You have the right to obtain a paper copy of this Joint Notice upon request.

### Changes to This Joint Notice

We reserve the right to change the terms of our Joint Notice of Privacy Practices at any time, and to make the new Notice provisions effective for all protected health information that we maintain. If we materially change our privacy practices, we will prepare a new Joint Notice of Privacy Practices, which shall be available in print copy in our office and on our website

### Covered Entity Duties

This notice of Privacy Practices applies to all staff members of Kramer Plastic Surgery. Our responsibility is to maintain the privacy of your health information and abide by the terms of this notice. We reserve the right to amend, change, or eliminate provisions in our privacy practices regarding the protected health information we maintain. If our information practices change, we will amend our Notice.

**Reporting and Responding to Privacy Breaches.** Kramer Plastic Surgery personnel who become aware of a privacy breach shall report suspected privacy violations to the Privacy officer who shall promptly investigate and respond to any alleged privacy violation, and coordinate any efforts to address a confirmed privacy violation.

**Questions, Concern or Complaints** Patients and others may direct questions or complaints to the Privacy Officer by contacting Kramer Plastic Surgery at 208-344-4900. The privacy officer will document all complaints and the response to the complaints.