

# **MCCUE PLASTIC SURGERY**

## **NOTICE OF PRIVACY PRACTICES**

***THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

### **OUR PLEDGE REGARDING HEALTH INFORMATION**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by McCue Plastic Surgery in any form are kept confidential. The privacy of your health information is important to us. We understand your health information is personal and we are committed to protecting it. McCue Plastic Surgery creates a record of the care and services you receive here. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways in which we may use and share health information about you. It also describes your rights and certain duties we have regarding the use and disclosure of your health information.

### **USE AND DISCLOSURE OF YOUR HEALTH INFORMATION**

The following section describes different ways that we use and disclose health information. Not every use or disclosure will be listed; however, we have listed all of the different ways we are permitted to use and disclose health information. We will not use or disclose your health information for any purpose not listed below without your specific written authorization. Any specific written authorization you provide may be revoked at any time by submitting a written request to do so.

We may use and disclose your medical records for the following purposes: Treatment, payment and health care operations.

- **Treatment** may require that your information be disclosed to other health professionals that are involved in your care such as specialists to whom you have been referred.
- **Payment** includes such activities as submitting claims to your insurance company for reimbursement, confirming eligibility or utilization review.
- **Health Care Operations** include the business aspects of running our practice such as internal quality review, auditing functions or cost management analysis.
  
- **Notification:** Health information to notify or help notify: a family member, your personal representative or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies or health information about you.
  
- **Workers' Compensation:** We may disclose health information when authorized and necessary to comply with laws relating to workers' compensation or other similar programs.
  
- **Health Oversight Activities:** We may disclose health information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative or criminal investigations or proceedings, inspections and licensure or other authorized activities.

You have the following rights with respect to your protected health information (PHI):

- The right to reasonable requests to receive confidential communication of your PHI.
- The right to inspect your PHI.
- The right to receive an accounting of disclosures of your PHI.
- The right to request an amendment of your PHI.

This NOTICE OF PRIVACY PRACTICES is effective April 1, 2003 and will remain in effect unless changed by law. We are required to abide by its terms. If you feel your privacy protections have been violated, you have the right to file a formal, written complaint and forward it to the attention of the Privacy Officer here in our office.

**I have read and understand the NOTICE OF PRIVACY PRACTICES of McCue Plastic Surgery.**

Patient Name (printed) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_