

PERIMETER PLASTIC SURGERY

PRIVACY PRACTICES

The privacy of medical information is very important to us. We are committed to protecting the personal information of our patients. A medical record is prepared and maintained by our office on all patients to ensure quality care and to comply with certain legal requirements. Under the HIPAA law we are required to keep each patient's medical information private, give notice describing our legal duties, privacy practices, and patient's rights regarding their medical record, and follow terms of the privacy notice now in effect. This notice is kept on file in the front office and with the compliance officer. Each patient is given a copy of the notice to read, and they sign an acknowledgement of their awareness of the policy. This is placed in their medical record. We reserve the right to make changes to the privacy policies at any time as permitted by the law and notice is given to the patients.

USE AND DISCLOSURE OF MEDICAL INFORMATION

We will not use or disclose any private medical information for any purpose not listed without specific written authorization by the patient or legal guardian. The following is a list of how we are permitted to use medical information without the written consent of the patient.

1. **Treatment**-We may disclose information to doctors, nurses, technicians, medical students, or others who are taking care of the patient. We may also share information with other providers to assist them in the treatment of a mutual patient.
2. **Payment**-Medical information may be disclosed when requested by insurance companies for payment of claims. Limited information can be disclosed to collection agency for purposes of receiving payment from the patient. Worker's compensation claims are subject to the laws set forth by the state and may require the release of protected health information in order for claims to be paid.
3. **Health Care Operations**-Use and disclosure for operations includes improving quality, evaluating employee performance, training purposes and obtaining accreditation, licenses, and credentials needed to perform day to day business.
4. **Notification**-Medical information may be released to notify or help notify a family member, a personal representative, or person responsible for the patient's care about the location of the patient, general condition, or death. If the patient is present then permission will be obtained or documented. In case of an emergency, when the patient is unable to give permission, only the information that is necessary for treatment will be disclosed according to our professional judgment.
5. **Fundraising**-We limit our use of medical information for affiliated fundraising foundations to general, not personal, terms. In any fundraising materials, we provide a description of how the patient may choose not to receive fundraising materials.
6. **Research**-Medical information for research purposes in limited circumstances where approved by a review board that has examined the research proposal and established protocols to ensure the privacy of the information.
7. **Funeral Director, Coroner, Medical Examiner**-Information may be released to assist in performing their duties for a patient that has died.
8. **Court Orders, Judicial and Administrative Proceedings**-Under limited circumstances, such as court order, warrant, or grand jury subpoena, we may share medical information about a patient. We may also share limited information with law enforcement concerning a suspect, fugitive, material witness, crime victim, missing person, or inmate under lawful custody of a correctional facility. We may also disclose information to law enforcement when required by certain laws such as reporting of certain types of wounds, crimes on premises, and crimes in emergencies.
9. **Public Health Activities**- As required by law, medical information may be disclosed when preventing or controlling a disease, injury or disability, including child abuse or neglect. Information may also be disclosed to the FDA for purposes of reporting adverse events associated with product defects or problems, and to enable product recalls. We may also, when authorized by law to do so, notify persons who may have been exposed to a communicable disease or otherwise be at risk of spreading or contracting a disease or condition.
10. **Victims of Abuse, Neglect, or Domestic Violence**-We may disclose medical information to appropriate authorities if we reasonably believe that a person is a possible victim of abuse, neglect, domestic violence, or other crimes. We may share information if it is necessary to prevent a serious threat to the health or safety of the patient or others.
11. **Health Oversight Activities**-We may disclose information to an agency providing health oversight activities authorized by law including civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions.

Complaints should be filed to:

PERIMETER PLASTIC SURGERY
Attn: Beth Freeman, HIPAA Compliance Officer
980 Johnson Ferry Rd.
Suite 760
Atlanta, Georgia 30342

PRIVACY PRACTICES ACKNOWLEDGEMENT FORM

By signing below I acknowledge that I have received the Notice of Privacy Practices for Perimeter Plastic Surgery and I have been provided an opportunity to review it.

Patient's Name (Please Print): _____

Signature of Patient or Patient's Legal Guardian (if minor):

Date: _____