

# Matthew H. Conrad M.D.

## 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.

We are required by law to provide you with this notice explaining our practice's privacy practices with regard to your medical information and how we may use and disclose your PHI (PHI) for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your PHI and we also describe those rights in this notice.

The practice reserves the right to change the provisions of our Notice and make new provisions effective for all PHI we maintain. If the practice makes a material change to our Notice, we will post the changes promptly on our website at [www.wichitaplasticsurgery.com](http://www.wichitaplasticsurgery.com).

**Protected Health Information (PHI):** PHI consists of individually identifiable health information, which may include demographic information the practice collects from you or creates or receives by a health care provider, a health plan, your employer, or a health care clearinghouse and that relates to: (1) your past, present or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present or future payment for the provision of health care to you.

**HITECH Notification Requirements:** Under HITECH, the practice is required to notify patients whose PHI has been breached. Notification must occur by first class mail within 60 days of the event. A breach occurs when an unauthorized use or disclosure that compromises the privacy or security of PHI poses a significant risk for financial, reputational, or other harm to the individual. This notice must: (1) Contain a brief description of what happened, including the date of the breach and the date of discovery; (2) The steps the individual should take to protect themselves from potential harm resulting from the breach; (3) A brief description of what the practice is doing to investigate the breach, mitigate losses, and to protect against further breaches.

**Cash Patients/Clients:** HITECH states that if a patient pays in full for their services out of pocket they can demand that the information regarding the service not be disclosed to the patient's third party payer since no claim is being made against the third party payer.

**Access to E-Health Records:** HITECH expands this right, giving individuals the right to access their own e-health record in an electronic format and to direct the practice to send the e-health record directly to a third party. The practice may only charge for labor costs under the new rules.

### **Ways in Which We May Use and Disclose Your PHI:**

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. We will also disclose PHI to other providers who may be treating you. Additionally we may from time to time disclose your PHI to another provider who has been requested to be involved in your care.

**Payment:** We will use and disclose your PHI to obtain payment for the health care services we provide you. For example, we may include information with a bill to a third-party payer that identifies you, your diagnosis, procedures performed, and supplies used in rendering the service.

**Health Care Operations:** We will use and disclose your PHI to support the business activities of our practice. For example, we may use medical information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. In addition, we may disclose your PHI to third party business associates who perform billing, consulting, or transcription, or other services for our practice.

**Appointment Reminders, Telephone Calls & Mail:** If we call to remind you of an appointment at our practice, and we have to leave a message, we will only leave the name of the practice and time of appointment or requesting a call back. We may also call to tell you about or recommend possible treatment options, alternatives, health related benefits or services that may be of interest to you, but these will not be left in a message form. The practice will send you mailings from time to time which indicates the name of the practice. Please let us know if you do NOT wish to be called or receive mail for any reason.

**As Required by Law:** We will use and disclose your PHI when required by federal, state, or local law.

**To Avert a Serious Threat to Public Health or Safety:** We will disclose your PHI to public health authorities permitted to receive information for the purpose of controlling disease, injury, or disability.

**Others Involved in Your Care:** We may provide PHI to a friend or family member you identify as being involved in your medical care or payment for care.

**Sale of your PHI for marketing:** requires your express written authorization. We will also seek your express written authorization if the practice enters into an arrangement to receive payment from a third party to send treatment communications to you about that party's products or services.

**Patient Rights Related to PHI:** Although your health record is the physical property of the practice that compiled it, the information belongs to you. You have the right to:

**Request an Amendment:** You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to our Privacy Officer. We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if the information was not created by us, or the person who created it is no longer available to make the amendment, the information is not part of the record which you are permitted to inspect and copy, the information is not part of the designated record set kept by this practice or if it is the opinion of the health care provider that the information is accurate and complete.

**Request Restrictions:** You have the right to request a restriction of how we use or disclose your medical information for treatment, payment, or health care operations. For example, you could request that we not disclose information about a prior treatment to a family member or friend who may be involved in your care or payment for care. Your request must be made in writing to the privacy officer. We are not required to agree to your request if we feel it is in your best interest to use or disclose that information. If we do agree, we will comply with your request except for emergency treatment.

**Inspect and Copy:** You have the right to inspect and copy the PHI that we maintain about you in our designated record set for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making decisions about you. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request. If you wish to inspect or copy your medical information, you must submit your request in writing to our Privacy Officer.

**An Accounting of Disclosures:** You have the right to request a list of the disclosures of your PHI we have made outside of the practice that were not for treatment, payment, or health care operations. Your request must be in writing and must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003, nor for a period of time greater than six years. Your first request for a list of disclosures within a 12-month period will be free. If you request an additional list within 12-months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

**Request Confidential Communications:** You have the right to request how we communicate with you to preserve your privacy. For example, you may request that we call you only at your work number, or by mail at a special address or postal box. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

**File a Complaint:** If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our practice or directly to the Secretary of the United States Department of Health and Human Services: U.S. Department of Health & Human Services • 200 Independence Avenue, S.W. • Washington, D.C. 20201. Phone: (877) 696-6775. To file a complaint with our practice, you must make it in writing directed to our Privacy Officer within 180 days of the suspected violation.

**A Paper Copy of This Notice:** You have the right to receive a paper copy of this notice upon request.

**Effective Date:** This Notice of Privacy Practices became effective on September 21, 2004 and was amended August 5, 2011.