



Notice of Privacy Practices

This Notice describes how medical information about you (Protected Health Information, hereinafter referred to as “PHI”) may be used and disclosed by Coastal Plastic Surgery LLC, hereinafter referred to as the “Practice”, and how you can get access to this information. *Please review this Notice carefully.*

Our Pledge Regarding Your Health Information Medical information about you and your health is personal. The Practice is committed to protecting your medical information and complying with the privacy regulations established as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). PHI is information about you that may identify you and which is related to past, present, or future physical or mental health conditions and related medical care services.

Our Legal Requirements Federal law gives you the right to be told ahead of time about:

- How the Practice will handle your PHI
- The Practice’s legal duties related to your PHI
- Your rights with regard to your PHI

Who Will Follow This Notice? This Notice describes the Practice’s privacy practices. The medical staff and employees of the Practice will follow the terms of this Notice with respect to PHI that they create or receive while providing services.

How We May Use & Disclose Your Health Information PHI about you is collected during the course of your treatment and may be kept in either paper or electronic form. Information such as your symptoms, test results, diagnoses, treatment, care plan, and demographic and payment information are examples of your PHI that may be stored in your health record. Information about care that you have received from other providers may also be included in your health record at the Practice.

The Practice uses your PHI within its system, and shares your PHI outside its system in order to provide you with medical care. The Practice may also use and share your PHI for other reasons that can include research and education.

This Notice tells you how the Practice uses and shares your PHI for these and other purposes. It also tells you when the Practice needs to get your specific permission to do so.

When We May Use & Disclose Your PHI Without Your Authorization Treatment
The Practice will use your PHI to provide and manage your health care and related services. This may include disclosing your information to third party health care providers involved in your care.

Payment

The Practice will use and disclose your PHI to insurance carriers or third party payers in order to bill for or verify coverage.

Operations of the Practice

The Practice may use your PHI for activities that are necessary to run the practice. These include, but are not limited to, administration, education, managing and analyzing medical information, and quality assessment purposes.

Reminders

The Practice may use or disclose limited PHI to contact you for:

- Scheduled or cancelled appointments, registration/insurance updates, billing or payment matters, pre-procedure assessments, or test results.
- With information about care issues, treatment options, and follow-up care
- With health-related benefits and services that may be of interest to you

Other Purposes

The Practice may use or disclose PHI for the following purposes:

- As required by state and federal laws and regulations
- For law enforcement purposes under specific conditions
- For public health activities
- For those in the Military and Veterans, as required by the military command authorities
- For legal proceedings
- As necessary to comply with workers' compensation laws
- In the event of your death, the Practice may release your PHI to a medical examiner
- For facilitating tissue donation if you are a registered organ or tissue donor
- Research, under certain conditions. You will be asked for your specific permission if the researcher will have access to information that reveals who you are, or if that researcher will be involved in your care.
- To avert a serious threat to health or safety, when necessary to prevent a serious threat to your health and safety, the health and safety of another, or the public.

When You May Request That Disclosure Of Your PHI Not Be Made

Individuals Involved In Your Care

In order to assure you agree with having your PHI disclosed to a family member or another person identified by you, disclosure will be done when you are present for, or available prior to, the disclosure. If you do not (or it can be reasonably inferred that you do not) object to the disclosure, the Practice may release the information as described. If your consent cannot be obtained because you are incapacitated or are in an emergency situation, best judgment will be used to determine whether disclosure of the PHI is in your best interest.

When The Patient Is A Minor (Under 18 Years Of Age)

PHI cannot be released without the consent of a parent or legal guardian unless the minor is deemed to be emancipated. Once a patient reaches the age of 18, PHI can no longer be released to a parent without the patient's consent.

Disaster Plan Notification

If it can reasonably be done while responding to the disaster, the Practice will try to obtain your permission prior to disclosing your PHI to those assisting in disaster relief for the purposes of notifying your family about your location and condition.

Uses & Disclosures That Require Your Written Permission

Using or disclosing your PHI for any reason other than those reasons listed above requires first obtaining your written authorization.

If you are asked to and give written permission for the use and/or disclosure of your PHI, you may withdraw such consent at any time. The Practice will be unable to take back any disclosures already made with your prior authorization.

Your Rights Regarding Your Health Information

Right To Inspect and Copy

You have the right to inspect and have copied PHI that may be used to make decisions about your medical care. This includes medical and billing records but does not include psychotherapy notes. To inspect and have copied this information, you must submit your request in writing to the Privacy Officer. If you request a copy of this information, the Practice may charge you a reasonable fee for copying, mailing, or other supplies associated with your request.

Right To Request An Amendment To Your Records

If you feel the PHI the Practice has about you is incorrect or incomplete, you have the right to request an amendment at any time. Your request for an amendment must be made in writing to the Privacy Officer and must state the reason for the requested amendment. The Practice may deny your request if (i) you ask to amend PHI that was not created by the Practice, (ii) it is PHI that is not kept by the Practice, (iii) it is not part of the PHI that you are permitted to inspect or copy, or (iv) the Practice believes the information is accurate and complete. If your request is denied, you have the right to have a letter of objection attached to your permanent medical record with any written explanation that the Practice feels is necessary.

Right To Request An Accounting Of Disclosures

You have the right to request a list of disclosures that the Practice has made of your PHI. This does not include any disclosures for treatment, payment, or operations purposes. It also does not include disclosures that are made after obtaining your written authorization, disclosures to government or law enforcement officials, or disclosures to you or individuals involved in your care. To request an accounting of disclosures, you must submit a written request to the Privacy Officer. The Practice may charge you a reasonable fee for the work necessary to respond to your request.

Right to Request Restrictions On The Use & Disclosure Of Your Information

You have the right to request a limit on the PHI the Practice uses or discloses for treatment, payment, or operations purposes or to request a limit on the information provided to someone you have identified as a person to be informed about your medical condition or for the payment for your care. If the request is agreed to, the Practice will comply with the request unless the information is required to provide you with emergency care. To request a restriction, you must submit a written request

to the Privacy Officer that states (i) the information you want limited, (ii) whether you want to limit the Practice's use, disclosure, or both, and (iii) to whom you want the limits to apply.

Right To Request Confidential Communications

You have the right to request that the Practice communicate with you about medical matters in a certain way in order to better maintain your privacy. To request the ways in which you are contacted, you must submit a written request to the Privacy Officer. The request must specify how or where you wish to be contacted.

Right To A Copy Of This Notice

You have a right to receive a paper copy of this Notice. You may ask for additional copies of this Notice at any time. To obtain a paper copy of this Notice, please ask the patient registration staff assisting you or call the office at (781) 740-7840 to have one mailed to you. A copy of this Notice is also provided on the Practice's website at www.bostoncoastalplasticsurgery.com.

Changes To This Notice

The Practice reserves the right to change this Notice without notification. The Practice reserves the right to make the revised Notice effective for PHI already collected about you, as well as any information received in the future.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer or the U.S. Department of Health and Human Services. All complaints must be submitted in writing.
You will not be penalized in any way for filing a complaint, nor will your care be compromised in any way.

Contacts

Throughout this Notice, there are references to the Privacy Officer and the U.S. Department of Health and Human Services. The contact information is:

Privacy Officer
Coastal Plastic Surgery LLC
2 Pond Park
Hingham, MA 02043
P: (781) 740-7840
F: (781) 740-9840

U.S. Department of Health and Human Services
J.F.K. Federal Building, Room 1875
Boston, MA 02203
P: (617) 565-1340
Email: OCRComplaint@hhs.gov