

DAVID E. MARTIN M.D.

PLASTIC SURGERY

Diplomat American Board of Plastic Surgery
Member American Society of Plastic Surgeons, Inc.
Member Society of Plastic Surgeons

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.

You should read this Notice before signing that authorizes the use and disclosure of health information for treatment, payment and health care operations.

OUR DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION

For purposes of this Notice Individually identifiable information is considered PHI-"Protected Health Information"

Defined; Individually identifiable health information is information that is your health information, including a subset of, demographic information collected from you, and is created or received by a health care provider, health plan, employer, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of you and the provision of your health care; or the past, present, or future payment for the provision of your health care; and that identifies you; or there is a reasonable basis to believe the information can be used to identify you.

We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

We are required to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices and the terms of this Notice at any time. If we do so, we will post a new Notice at our Dallas, Texas and Ada, Oklahoma locations. You may request a copy of the new notice from the Business Manager at the Dallas Office, and it will also be posted on our website at www.DrMartinPlasticSurgery.com.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose PHI for a variety of reasons. For most uses/disclosures, we must obtain your acknowledgement that you have read and signed this Notice. For others, we will request your written authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we shall have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information as we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your agreement or authorization. The following offers more description and examples of our potential uses/disclosures of your PHI.

USES AND DISCLOSURES RELATING TO TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS

Generally, we shall require that you read this Notice and acknowledge with your signature for permission to use/disclose your PHI. With your permission, we may use or disclose your PHI as follows:

For Treatment: We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team, or with pharmacy staff. Your PHI may also be shared with outside entities performing ancillary services relating to your treatment, such as lab work or x-rays.

To Obtain Payment: We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may contact your employer to verify employment status, and/or release portions of your PHI to the Medicaid program and/or a private insurer to get paid for services that we delivered to you if applicable.

For Health Care Operations: We may use/disclose your PHI in the course of operating our office. For example, we may take your photograph for medication identification purposes, use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes. Since we are an integrated system, we may disclose your PHI to designated staff in our central office or our Office of Support Services for similar purposes. Release of your PHI to the state agencies might also be necessary to determine your eligibility for publicly funded services.

Appointment Reminders: Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to you via text, email, or mail.

EXCEPTIONS: Although your permission is usually required for the use/disclosure of your PHI for the activities described above, the law allows us to use/disclose your PHI without your permission in certain situations. For example, we may disclose your PHI if needed for emergency treatment if it is not reasonably possible to obtain your permission

prior to the disclosure and we think that you would give permission if able. Also, if we are required by law to provide your treatment, we may use/disclose your PHI for treatment, payment and operations without obtaining your prior permission.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI to law enforcement when a threat is made to commit a crime on the premises or against personnel.

USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO OBJECT

In the following situations, we may disclose your PHI if we inform you about the disclosure in advance and you do not object, as long as the law does not otherwise prohibit the disclosure. However, if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

Patient Directories: Your name, location, and general condition may be put into our patient directory for disclosure to callers or visitors who ask for you by name. Additionally, your religious affiliation may be shared with clergy.

To families, friends or others involved in your care: We may share with these people information directly related to their involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services.

CONTACT PERSON FOR INFORMATION, OR TO SUBMIT A COMPLAINT

If you have questions about this Notice or any complaints about our privacy practices, please contact:

Business Manager
7777 Forest Lane #C625
Dallas, Texas 75230

Effective Date: This Notice was effective on **April 14, 2003**

I have read this Privacy Notice and understand my rights.

Name of Patient or Personal Representative

Signature

Description of Personal Representative's Authority

Date