

HIPPA NOTICE OF PRIVACY PRACTICES

Dr. Martin and his office staff understand that health information about you is very personal and we are mandated by the Health Insurance Portability and Accountability Act (HIPPA) to protect your health information. We create a record of the care and services you receive from us, and this record helps to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by us, and informs you about the ways in which we may use and disclose information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

OUR DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION:

Defined: For purposes of this notice individually identifiable information is considered PHI – “Protected Health Information” as that term is defined in the Health Insurance Portability and Accountability Act of 1996 and it's implementing regulations. PHI includes individually identifiable health 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; relates to the past, present or future physical or mental health or condition of you and the provision of your healthcare; 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 the 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 on 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 locations. You may request a copy of the new notice from either of our locations.

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 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: With your signature acknowledging that you have read this Notice gives us permission to 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 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 we delivered to you if applicable.

FOR HEALTH CARE OPERATIONS: We may use/disclose your PHI while 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 integrate system, we may disclose your PHI to designated staff in our central office or our Office or Support Services for similar purposes. Release of your PHI to the state agencies might be necessary to determine your eligibility for publicly funded services.

APPOINTMENT REMINDERS AND COMMUNICATION WITH STAFF: Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to you via text, email or mail.

PLEASE NOTE: EMAILS AND TEXTING BETWEEN THE OFFICE AND PATIENT CANNOT BE GUARANTEED SECURE.

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 reasonable 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: 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, if the law does not otherwise prohibit the disclosure. However, if there is an emergency 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.

COMPLAINTS: If you believe that your privacy rights may have been violated, or you disagree with a decision made about access to your PHI, you may file a complaint with the person listed below. You may also file a written complaint with the Secretary of the US Department of Health and Human Services.

CONTACT PERSON FOR INFORMATION, OR TO SUBMIT A COMPLAINT:

Business Manager -David E Martin, MD - 7777 Forest Lane Ste C625 - Dallas, TX 75230

PLEASE INITIAL BELOW:

_____ **COMMUNICATION:** I hereby authorize Dr. Martin, staff and all parties acting under his license and authority to communicate with me regarding my PHI (Protected Health Information- as that term is defined in the Health Insurance Portability and Accountability Act "HIPPA" of 1996 and its implementing regulations) via phone, text and email. I understand that communication via phone, text and email is NOT GUARANTEED SECURE.

PERMISSION TO SHARE YOUR HEALTHCARE INFORMATION WITH FAMILY, FRIENDS OR OTHERS INVOLVED IN YOUR CARE: We are required to follow certain federal guidelines and laws regarding the confidentiality of your personal health information. One of these prevents us from discussing anything in your medical file with anyone other than yourself or other medical personnel involved in your care. If you would like us to discuss lab results or other personal information with your significant other, family members or any other individuals, please fill in their name and relationship to you in the section below. In the event of an emergency we will start at the top of your list and work our way down.

_____ Relationship _____ contact phone#
Full Name

_____ Relationship _____ contact phone#
Full Name

_____ Relationship _____ contact phone#
Full Name

This Notice was effective on October 4, 2017.

I have reviewed this Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this notice if requested.

Patient Name Printed
(Guardian if patient is under 18)

Patient Signature

Date



David E Martin, MD
Plastic Surgery

Patient Photograph and Video Release Form

I, _____, hereby grant Dr. David E Martin, their successors and assigns, the right to use photographs, video, or other electronic images (collectively here after photographs) of me. I understand that I do not have an intellectual property rights in or to these images.

The usage of these photographs and/or digital images will be limited to:

- a. Medical Purposes related to case
- b. Scientific purposes, including seminars and medical articles
- c. Before and after photo albums (digital or printed) for cosmetic patients to view
- d. Before and after photographs and/or digital images to be posted on websites such as YouTube or Facebook
- e. Before and after photographs and/or digital images to be included in our website for cosmetic surgery

I understand I will not be identified explicitly by name in any use. I understand that in some circumstances the photographs may portray features that may make my identity recognizable. Hence, I understand while efforts will be made to balance my interest in privacy with the intended use, it is impossible to guarantee a third party will never be able to connect the photography with my identity.

Dr. Martin need not approach me again for authorization to use these photographs unless the usage differs from that listed above. If I do not revoke this authorization, it will expire ten years from the date written below.

If I ask Dr. Martin, to terminate use of these photographs and/or digital images, I will do so in writing and recognize that it will likely take a reasonable amount of time to accomplish. For example, to remove such photographs from a web site, Dr. Martin will need to coordinate with a third- party webmaster.

Further, termination of prospective use of photographs and/or digital images may have no effect on prior distribution – as the case with medical journals. A published journal, for example, cannot be “recalled.”

I hold Dr. Martin harmless from any liability related to use of these photographs and/or digital images for the purposes outlined above. I further hold Dr. Martin harmless for any third-party use of these photographs unrelated to direct, immediate, and proximate action by Dr. David E Martin.

Copyright to photographs and/or digital images are retained by Dr. David E Martin.

Patient Signature

Date