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NOTICE OF PRIVACY PRACTICES OF REGENESIS PLASTIC SURGERY AND SKIN CARE CENTER

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

Your health information is personal, and we are committed to protecting it. Your health information is also very important to our ability to provide you with quality care, and to comply with certain laws. This Notice applies to all records about your care that occurs at our facility.

We Are Legally Required to Safeguard Your Protected Health Information. We are required by law to:

- Maintain the privacy of your health information, also known as “protected health information” or PHI
- Provide you with this notice, and
- Comply with this Notice.

Future Changes to Our Practices and This Notice. We reserve the right to change our privacy practices and to make any such change applicable to the PHI we obtained about you before the change. If a change in our practices is material, we will revise this Notice to reflect the change. You may obtain a copy of any revised Notice by contacting the Privacy Officer at 970-245-2400. We will also make any revised Notice available to you.

How We May Use and Disclose Your Protected Health Information. The law requires us to have your written authorization to some uses and disclosures. In other circumstances, the law allows us to use or disclose PHI without your written authorization. This Section III gives examples of each of these circumstances.

- **Uses and Disclosures for Treatment, Payment and Health Care Operations.**
We may use or disclose your PHI **to provide treatment** to you. For example, we may disclose your PHI to physicians, nurses, and other health care personnel who are involved in your care. We may also use and disclose your PHI to contact you as a reminder that you have an appointment for treatment at our facility, to tell you about or recommend possible treatment options or alternatives, or about health-related benefits or services that may interest you.

We may also use or disclose your PHI to your insurance carrier in order to get paid for treatment provided to you. For example, we may use your PHI to create the bills that we submit to the insurance company, or we may disclose certain portions of your PHI to our business associates who perform billing and claims processing services to us.

We may also use or disclose your PHI in order **to operate this facility**. For example, we may use your PHI to evaluate the quality of care you received from us, or to evaluate the performance of those involved with your care. We may also provide your PHI to our attorneys, accountants and other consultants to make sure we are complying with the laws that affect us.

- **Other Uses and Disclosures.**
 - Providing you with information related to your health;
 - Contacting you regarding appointments, information about treatment alternatives, or other health related services;
 - Incidental uses or disclosures (e.g., listing your name on a sign-in sheet, etc.);
 - Compliance with all laws (including reports of suspected abuse, neglect or violence);
 - Providing certain specified information to law enforcement or correctional institutions;
 - Public health activities when requested by a public health authority or the FDA;
 - Responding to health oversight agencies;
 - Responding to court or administrative tribunal orders, subpoenas, discovery requests or other lawful purposes;
 - Research activities;
 - When necessary to avert a serious threat to health or safety;
 - Military affairs, veterans affairs, national security, intelligence, Department of State, or presidential protective services activities;
 - Providing information regarding your location, general condition or death to public or private disaster relief agencies; or
 - Informing a family member, or other relative, or close personal friend when:
 - Information is relative to the individual's involvement with your care;
 - Notification of your location, general condition or death;
 - To assist in your health care (i.e. pick up prescriptions or other documents, note follow-up care instructions, etc.)

Authorization for Other Uses. Other uses and disclosures of your PHI that are not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us written authorization for a use or disclosure of your PHI, you may revoke that authorization, in writing at any time. If you revoke your authorization we will no longer use or disclose your PHI for the purposes specified in the written authorization, except that we are unable to take back any disclosures we have already made with your permission, and are required to retain certain records of the uses and disclosures made when the authorization was in effect.

Your Rights Related to Your Protected Health Information. You have the following rights:

- **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask us to limit how we use and disclose your PHI, as long as you are not asking us to limit uses and disclosures that we are required or authorized to make to the Secretary of the federal Department of Health Services, related to our facility's patient directory, or any of the disclosures described in Section III, above. Any such request must be submitted in writing to our Privacy Officer. We are not required to agree to your request. If we do agree, we will put it in writing and will abide by the agreement except when you require emergency treatment.
- **The Right to Choose How We Communicate With You.** You have the right to ask that we send information to you at a specific address (for example, at work rather than at home) or in a specific manner (for example, by e-mail rather than by regular mail, or never by telephone). We must agree to your request as long as it would not be disruptive to our operations to do so. You must make any such request in writing, addressed to our Privacy Officer.
- **The Right to See and Copy Your PHI.** Except for limited circumstances, you may look at and copy your PHI if you ask in writing to do so. Any such request must be addressed to our Medical Records Department, which will respond to your request within 30 days (or 60 days if the extra time is needed). In certain situations we may deny your request, but if we do, we will tell you in writing of the reasons for the denial and explain your right to have the denial reviewed.
 - If you ask us to copy your PHI, we will charge you a reasonable rate as outlined by Colorado State laws for each page. Alternatively, we may provide you with a summary or explanation of your PHI, as long as you agree to that and to the cost, in advance.
- **The Right to Correct or Update Your PHI.** If you believe that the PHI we have about you is incomplete or incorrect, you may ask us to amend it. Any such request must be made in writing and must be addressed to our Medical Records Department, and must tell us why you think the amendment is appropriate. We will not process your request if it is not in writing or does not tell us why you think the amendment is appropriate. We will act on your request within 60 days (or 90

days if the extra time is needed), and will inform you in writing as to whether the amendment will be made or denied. If we agree to make the amendment, we will ask you who else you would like us to notify of the amendment.

- We may deny your request if you ask us to amend information that:
 - was not created by us, unless the person who created the information is no longer available to make the amendment;
 - is not part of the PHI we keep about you;
 - is not part of the PHI that you would be allowed to see or copy; or
 - is determined by us to be accurate and complete.
 - If we deny the requested amendment, we will tell you in writing how to submit a statement of disagreement or complaint, or to request inclusion of your original amendment request in your PHI.
- **The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include disclosures we have made for our treatment, payment and health care operations purposes, those made directly to you or your family or friends or through our facility directory, or for disaster notification purposes. Neither will the list include disclosures we have made with our written authorization, for national security purposes or to law enforcement personnel, disclosure of limited data set, or disclosures made before April 14, 2003.

Your request for a list of disclosures must be made in writing and be addressed to our Medical records department. We will respond to your request within 60 days (or 90 days if the extra time is needed). The list we provide will include disclosures made within the last six years unless you specify a shorter period. The first list you request within a 12-month period will be free. You will be charged our costs for providing any additional lists within the 12-month period.

- **The Right to Get a Paper Copy of This Notice.** Even if you have agreed to receive the Notice by e-mail, you have the right to request a paper copy as well. You may obtain a paper copy of this Notice by contacting the Privacy Officer at 970-245-2400. The Notice is also available at our reception desk.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the federal Department of Health and Human Services. To file a complaint with us, put your complaint in writing and address it to our privacy Officer at 2643 Patterson Road, Suite 506, Grand Junction, CO 81506. **We will not retaliate against you for filing a complaint.** You may also contact our Privacy Officer if you have questions or comments about our privacy practices.