

Eich Plastic Surgery, PC

Patient Privacy Notice

This notice describes how we may use and disclose medical information about you (our patient) and how you may get access to this information.

When we treat you, we create a medical record which contains information about you. This record may contain information from your office visits as well as phone calls to the office. It also may contain information from other sources. A partial listing of these sources includes other health care providers (such as physicians, nurses, physical therapists, or occupational therapists), insurance companies, clinics, and hospitals.

How we may use and disclose your health information

1. For Treatment: We may use and disclose your information to treat you. This includes using the information to develop a plan of treatment for you and communicating that plan to you. We may also disclose your information to physicians to whom we refer you or physicians who have referred you to us as well as to nurses, physical therapists, occupational therapists, and any other health care professionals who are involved in your health care. This includes both health care professionals who provide direct (face to face) treatment and those who provide indirect treatment (professionals that you may never see such as a pathologist or radiologist). We may also disclose information to others who may assist in your care such as family members or friends. We may use your information to contact you and remind you of an appointment. This includes using the home phone number that you give us to leave a message on an answering machine to remind you of an appointment or to ask you to call us, but we will not leave any information regarding the nature of the appointment or the reason for calling us. We may also use and disclose your information to inform you of health-related benefits or services that may be of interest to you.

2. For Payment: We may use and disclose your information to bill and collect payment for services and items you receive from us. Examples include disclosing information to and requesting information from your health insurance company for procedures covered or potentially covered by insurance. This also includes exchanging information with your employer or their representative for injuries or illnesses covered or potentially covered by workman's compensation. We may use and disclose your information to bill you directly by mail, phone, or other method. If necessary, we may also disclose your information to others such as collection agencies or legal agencies to collect unpaid bills.

3. For Health Care Operations: We may use and disclose your information for quality assurance programs, certification, accreditation, inspection, licensure, and other health care operations.

4. If Required by Law: If required to release your information by local, state, or federal law; court or administrative order; or subpoena, discovery, or other lawful order, we will do so. If you tell any Eich Plastic Surgery, PC (subsequently referred to as Company) employee about plans to commit a crime or to injure yourself or any other person, we may disclose that information to the proper authorities. If necessary, we may use and disclose your information to report criminal activity toward Company property, employees, patients, or visitors or any criminal activity regarding your health. Examples of criminal activity regarding your health include:

Falsifying prescriptions using any information about any Company employee.

Obtaining or attempting to obtain prescriptions from any Company employee by giving false information.

Committing or attempting to commit any crime related to your health including insurance or disability fraud.

Asking any Company employee to commit or help commit any crime.

Committing any crime on the premises or toward any Company employee, patient, or visitor.

5. Medicines, Medical Devices and Products: If applicable to you, your information may be used and disclosed for tracking of medical devices such as breast implants or for reporting an adverse reaction to medicines, products or medical devices.

6. We do not give or sell any patient information to any other entity for the purpose of marketing.

Your Rights Regarding Your Health Information

1. You may request restrictions on how we communicate with you. For example, you may request in writing that we communicate with you at home rather than at work. Although we do not have to agree to your request, we will try to accommodate reasonable requests. Please note that we must have a valid phone number and address with which to communicate with you. In the event that we must urgently contact you (such as for an abnormal lab result), we reserve the right to contact you through any means necessary.

2. You may request a restriction on our use or disclosure of your health information as listed in the “How we may use and disclose your health information” section above. The request must be in writing. We do not have to agree to your request, but we will try to accommodate reasonable requests. In the event that we must urgently contact you (such as for an abnormal lab result), we reserve the right to contact you through any means necessary.

3. You may request a copy of your medical record. Once you have provided us with a valid, signed release form, we will ordinarily make a copy of the record for you. If we cannot make a copy of the record for you, we will tell you the reason in writing. There is a fee for the copy of the record.

4. You may request that we amend your medical record if you provide an appropriate reason for the request in writing. We may accept the proposed amendment as submitted, accept it with modifications, or reject it.

5. You may request that we disclose your information for reasons other than those listed above in the “How we may use and disclose your health information” section. One example is sending any information to your employer regarding the length of time off work you will need for surgery, your ability to return to work, or whether you can perform certain tasks. Another example is a request for information to determine whether you qualify for insurance, disability, or payment from a cancer policy. A request to send or transfer information to a health care provider with whom we do not have a referral relationship is another example.

Before we will release information for any reason not listed in the “How we may use and disclose your health information” section, you must fill out and sign a Company “Request and Authorization to Release Medical Records” form or an equivalent form from another source. If using a form from another source, the form used must contain all elements required by law to be valid. If a form sent to us is invalid, you will have to use one of our forms. There is a fee for any such uses or disclosures.

6. You may request an “accounting of disclosures” of your information. This includes any disclosures not listed above in the “How we may use and disclose your health information” section. The first copy is provided free.

7. You may request a paper copy of this notice during our regular business hours. The first copy is provided to patients free.

We reserve the right to change the terms of this Patient Privacy Notice and our privacy policies at any time.