



Summary Of Notice of Privacy Practices

Our Legal Duty: We have a duty to protect the confidentiality of medical information about you. We are required to provide you with a Notice of Privacy Practices explaining ways we may use and disclose your medical information. The Notice is posted in our Lobby for patient view and also describes your legal rights and our obligations regarding the use and disclosure of your medical information.

Parties Following The Notice: The Notice will be followed by the Golden Isles Center For Plastic Surgery and its affiliates, together with their health care professionals, staff; and those participating in managed care networks with the Golden Isles Center For Plastic Surgery; and other legal entities that provide services to the Golden Isles Center for Plastic Surgery.

How We May Use and Disclose Medical Information About You: We may use or disclose identifiable health information about you for many reasons, including, but not limited to the following:

Treatment	Activities of managed care networks in which we participate
Payment	Activities of our affiliates
Health care operations	To military command authorities
Appointment reminders	To avert a serious threat to health or safety
Public health purposes	Worker's compensation
Auditing	Law enforcement purposes
Electronically	How Medical Information is transmitted (EMR – Electronic Medical Record) To Health Professionals, Pharmacies, etc.
Research	Health oversight activities
As required by law	National security/protective services
Lawsuits and disputes	

In general, other uses and disclosures of your medical information will require your written authorization. We may use or disclose certain limited information about you. Unless you object or request a limitation of the disclosure, for;

- Individuals involved in your care or payment

You have the following rights with respect to your health information:

- The right to request confidential communications and alternative means of communication with you.
- The right to request restrictions on certain uses of your health information.
- The right to inspect and copy certain medical information that we maintain about you.
- The right to request an amendment of your information.
- The right to an accounting of certain disclosures of your health information.

Changes to the Notice: We reserve the right to change the Notice. We will post any revised Notice in the Golden Isles Center for Plastic Surgery office.

Complaints: If you believe your rights have been violated, you may file a written complaint with the Golden Isles Center for Plastic Surgery Privacy Officer, or with the Secretary of the U. S. Department of Health and Human Services.

ACKNOWLEDGMENT Patient Name: _____

Patient Acknowledgment: I acknowledge that I have been provided with an opportunity to receive the Notice of Privacy Practices for the Golden Isles Center for Plastic Surgery. In reviewing the Notice, I also acknowledge that I have been provided with an opportunity to ask questions regarding the Notice and its contents. **Signature of Patient:** _____ **Date:** _____

Personal Representative _____