

# GENESIS COSMETIC SURGERY & LASER CENTER

## NOTICE OF PRIVACY PRACTICE

This notice was published and becomes effective on April 14, 2003.

**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.**

If you have any questions about this Notice please contact our Privacy Contact Greta Meschke at the address or phone number at the bottom of this page.

### *WHO WILL FOLLOW THIS NOTICE?*

This Notice of Privacy Practice will be followed by:

- ♦ Any health care professional who provides treatment to you;
- ♦ All workforce members of Genesis Cosmetic Surgery & Laser Center; and
- ♦ All Business Associates with whom we share Protected Health Information.

### *OUR PLEDGE TO YOU.*

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by your attending physician or another workforce member of **Genesis Cosmetic Surgery & Laser Center**. We are required to:

- ♦ Keep medical information about you private;
- ♦ Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- ♦ Follow the terms of the Notice that is currently in effect.

### *CHANGES TO THIS NOTICE.*

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in our waiting room and our website - [www.genesisinstitute.com](http://www.genesisinstitute.com). You can receive a copy of the current notice at any time. The effective date is listed just below the title. You will be asked to acknowledge in writing the receipt of this notice.

### *HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.*

- ♦ We may use and disclose medical information about your for *TREATMENT* (such as sending medical information about you to a specialist as part of a referral); to *OBTAIN PAYMENT FOR TREATMENT* (such as sending billing information to your insurance company of Medicare); and to support our *HEALTHCARE OPERATIONS* (such as comparing patient data to improve treatment methods)
- ♦ We may use or disclose medical information about you *without your prior Authorization* for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for:

Required by Law	Public Health	Communicable Diseases
Health Oversight	Abuse or Neglect	Food and Drug Administration
Legal Proceedings	Law Enforcement	Coroners, Funeral Directors and Organ Donation
Criminal Activity	Inmates	Military Activity and National Security
Workers Compensation	Required Uses and Disclosures	Research (IF APPLICABLE)

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- ◆ We may also contact you for *Appointment Reminders*, or to tell you about or *Recommend Possible Treatment Options, Alternatives, Health-Related Benefits or Services* that may be of interest to you to *Support Marketing or Fundraising* efforts.
- ◆ We may disclose medical information about you to a friend or family member who is involved in your medical care, or to disaster relief authorities so that your family can be notified of your location and condition.

### OTHER USES OF MEDICAL INFORMATION

In any other situation not covered by this Notice, we will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing your decision.

### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

- ◆ In most cases, you have the right to *Access and/or Copy Medical Information* that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- ◆ If you believe that information in your record is incorrect or if important information is missing, you have the *Right to Request an Amendment* to your records, by completing our request for an Amendment of Medical Records Form that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that record is accurate. You may appeal, in writing, a decision by us not to amend a record.
- ◆ You have the right to receive an Accounting of Disclosures made for purposes other than Treatment, Payment or Healthcare Operations or where you specifically authorized a disclosure, when you complete a Request for an Accounting of Disclosures Form. All requests must be for a period less than 6 years and starting April 14, 2003. You may receive the first list request in a 12-month period for free; other request will be charged according to our cost of producing the list. We will inform you of the cost before you may incur any costs.
- ◆ You have the right to request *Confidential Communication*, by completing a Request for Confidential Communication Form. We will attempt to comply with all confidential communications request, such as sending mail to an address other than your home.
- ◆ You have the right to *Request Restrictions* on how we may use and disclose medical information about you for Treatment, Payment and Healthcare Operations or to persons involved in your care except when specifically authorized by you, when required by law or in an emergency, by completing a Request for Restrictions Form. We attempt to comply with your request but we are not required by law to accept it. We will inform you of our decision in writing.

### COMPLAINTS

- ◆ If you are concerned that your Privacy Rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer to file a formal complaint; or
- ◆ You may send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Please contact our Privacy Officer to obtain additional information on how to file this complaint.

Under no circumstances will you be penalized or retaliated against for filing a complaint.

You may contact our Privacy Contact, Gail Haynes at (314) 432-1772 or in writing at 456 N. New Ballas, Ste. 290, Creve Coeur, MO 63141 for further information concerning any of the information in this notice.

# NOTICE OF PRIVACY PRACTICES

## ACKNOWLEDGEMENT

I acknowledge that I have received a summary of Genesis Cosmetic Surgery & Laser Center's Notice of Privacy Practices and consent to the use or disclosure of my protected health information by Genesis Cosmetic Surgery & Laser Center for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills, to conduct health care operations of Genesis Cosmetic Surgery & Laser Center and as required by law.

I also acknowledge that I was offered the entire notice and that I understand I may obtain a full version of the notice at any time. I understand my rights as a patient of this practice concerning my Protected Health Information (PHI), as it is outlined in this notice. I am aware Genesis Cosmetic Surgery & Laser Center reserves the right to change the privacy practices that are described in this Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by contacting the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

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Name of Patient or Personal Representative

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Signature of Patient or Personal Representative

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Date

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Description of Personal Representative's Authority