

AUSTIN-WESTON CENTER FOR COSMETIC SURGERY

NOTICE OF PRIVACY PRACTICES

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.

The Austin-Weston Center for Cosmetic Surgery ("AWC") uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. We may use it for other purposes as well, some of which require your authorization and others that do not. Your health information is contained in a medical record that is the physical property of AWC. If you have any questions after reading through this Notice, please contact our Privacy Officer, Janet L. Setnor, CRNA, MSN. Information on how to contact Janet L. Setnor is presented at the end of this document.

How AWC May Use or Disclose Your Health Information

For Treatment. AWC may use your health information to provide you with medical treatment or services. For example, a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.

For Payment. AWC may use and disclose your health information for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of your treatment.

For Health Care Operations. AWC may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- evaluate the performance of our staff;
- assess the quality of care and outcomes in your cases and similar cases;
- learn how to improve our facilities and services; and
- determine how to continually improve the quality and effectiveness of the health care we provide.

Appointments. AWC may use your information to provide appointment reminders to you or information about treatment alternatives or other health-related benefits and services that may be of interest to you, via phone, mail or e-mail.

Individuals involved in your care. AWC may disclose your health information to your family member, close friend, or any other person identified by you, if that information is directly relevant to the person's involvement in your care. However, you have the right to agree or object to this disclosure. If you object, please advise AWC immediately.

Required by Law. AWC may use and disclose information about you as required by law. For example, AWC may disclose information for the following purposes:

- for judicial and administrative proceedings pursuant to legal authority;
- to report information related to victims of abuse, neglect or domestic violence; and
- to assist law enforcement officers in their law enforcement duties;

Public Health. Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Health and Safety. Your health information may be disclosed to avert a serious and imminent threat to the health or safety of you or any other person pursuant to applicable law.

Government Functions. Your health information may be disclosed for specialized government functions such as protection of public officers or reporting to various branches of the armed services.

Workers' Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

Other uses. Other uses and disclosures will be made only with your written authorization and you may revoke the authorization, but your revocation will not apply to any acts AWC already may have taken in reliance on your authorization before you revoked it.

Your Health Information Rights

You have the right to:

- Request restrictions on the use and disclosure of health information for treatment, payment and health care operations. You may also request restrictions on disclosure of health information to certain individuals involved in your care. We are not required to agree to your request. You must make your request in writing to our Privacy Officer.
- Request that you receive communications regarding health information in a certain manner or at a certain location (e.g., at home instead of at work). You must make your request in writing to our Privacy Officer.
- Request the opportunity to inspect and receive a copy of health information about you contained in certain records we maintain. To inspect and copy health information, please contact our Privacy Officer. We may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request.
- Request that we amend health information about you as long as such information is kept by or for AWC. You must make your request in writing to our Privacy Officer. You must also give us a reason for your request. AWC may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.
- Request an accounting of certain disclosures that we have made of health information about you. To make such a request, please contact our Privacy Officer. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.
- Receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically.

Complaints

You may complain to AWC or to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Obligations of AWC

AWC is required by law to:

- maintain the privacy of protected health information;
- provide you with this Notice of its legal duties and privacy practices with respect to your health information;
- abide by the terms of this Notice;
- notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations;
- obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

AWC reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

Contact Information

For further information, questions or complaints please contact:

Janet L. Setnor, CRNA, MSN
Privacy/Compliance Officer
Austin-Weston Center For Cosmetic Surgery
1825 Samuel Morse Drive
Reston, VA 20190-5317
(703)893-6168, Ext. 259