



**CENTER FOR COSMETIC & RECONSTRUCTIVE SURGERY, P.C.**  
**Dr. Fara Movagharnia, D.O, F.A.C.O.S**

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200 Galleria Parkway Suite 590 Atlanta, GA 30339  
Telephone: (770) 951-7595 Fax: (770) 951-7598  
Website: <http://www.ccrsAtlanta.com> E-mail: [info@ccrsAtlanta.com](mailto:info@ccrsAtlanta.com)

**YOUR HEALTH INFORMATION RIGHTS**

The health and billing records we maintain are the physical property of the doctor's office. The information in it, however, belongs to you. You have the right to:

1. Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request, but we will comply with any request granted;
2. Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information by making a request at our office;
3. Request that you be allowed to inspect and copy your health record and billing record-you may exercise this right by delivering the request in writing to our office;
4. Appeal a denial of access to your protected health information except in certain circumstances,
5. Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request. (The physician or other health-care provider is not required to make such amendments);
6. File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosure of your protected health information;
7. Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;
8. Request that communications of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office; and
9. Revoke authorization that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact Judy Still in person or in writing during normal business hours. She will provide you with assistance on the steps to take to exercise your rights. Judy Still can be reached by writing to the office at 200 Galleria Parkway, Suite 590, Atlanta, GA. 30339; by phone at 770-951-7595; or by fax at 770-951-7598.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_