

Notice of Privacy Practices
North Dallas Plastic Surgery Associates
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This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI, which is information about you, including demographics that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, paying your health care bills, supporting the operation of our practice, and any other use as required by law.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party such as a physician to whom you have been referred, an anesthesia provider, or a home health care agency.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to your health plan.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of our practice, such as quality assessment, employee review, physician training, licensing, and conducting or arranging for other business activities. For example, we may call you by name in the waiting room. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We may use or disclose your PHI, without your authorization, in the following situations: As Required By Law, Health Oversight, Research, Public Health Issues, Communicable Diseases, Abuse or Neglect, FDA Requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donation, Criminal Activity, Military Duty, National Security, Workers' Compensation, Inmates and any other required uses and disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with Section 164.500. Other permitted and required uses and disclosures will be made only with your consent, authorization, or opportunity to object, unless required by law.

You may revoke this authorization at any time, in writing, except to the extent that your physician or our practice has taken an action in reliance on the use or disclosure indicated in the authorization.

You have the right to inspect and copy your PHI. However, under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in anticipation of or use in a civil, criminal, or administrative action or proceeding; and PHI that is subject to law that prohibits access to PHI.

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your PHI, it will not be restricted. You then have the right to use another physician.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us.

You may have the right to have your physician amend your PHI. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and will provide you a copy.

You have the right to receive an accounting of certain disclosures we have made of your PHI.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice. You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint by notifying our Privacy Officer. We will not retaliate against you for filing a complaint. We are required by law to maintain the privacy of PHI and provide individuals with this notice of our legal duties and privacy practices with respect to PHI. If you have any objections to this notice, please ask to speak with our Privacy Officer. This notice became effective on April 14, 2003.