

# The Center for Facial Restoration

*Richard E. Davis, MD, FACS*

Cosmetic and Functional Nasal Surgery · Revision Rhinoplasty · Cosmetic Surgery of the Face

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## **PRIVACY PRACTICES**

Effective January 20, 2012

The Center for Facial Restoration is devoted to the protection and judicial use of your individual protected health information (PHI) that could be used by others to identify you. The following is provided to inform you of:

- A. How we may use and disclose your protected health information, hereafter referred to as PHI;
- B. Your rights with regard to your PHI and how you may exercise those rights;
- C. Our responsibilities to you in managing your PHI;
- D. Contact information for obtaining additional compliance information or for filing privacy complaints.

### **I. HOW WE MAY USE YOUR PROTECTED HEALTH INFORMATION:**

Under the current Health Insurance Portability and Accountability Act (HIPAA), as your healthcare provider, we are permitted to use your PHI in the following ways:

- A. To facilitate your treatment as a patient;
- B. To obtain payment for healthcare services we render to you;
- C. To conduct healthcare operations;
- D. To comply with international, federal, state and local laws in special circumstances, which will be described later in this document.

When you receive services or treatment at The Center for Facial Restoration we may use your PHI to provide you with healthcare services. We may disclose that health information to other doctors, technicians, or other personnel, including people outside our clinic who may be involved in your medical care.

We may use and disclose PHI in order that we or others may bill or receive payment from you, a government program, an insurance company, or other financially responsible third party for the treatment and services you receive. We may also disclose this information in order to obtain prior approval for services we recommend to you or to obtain payment for services which we have already rendered to you.

Additionally, we may also use your PHI in conducting normal healthcare operations which are administrative activities related to conducting the business and management of our office and to maintain quality of care when delivering services to patients.

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We may use and disclose PHI to contact you as a reminder that you have an appointment with us. Additionally we may disclose PHI to inform you of treatment options or alternatives, or to inform you of services that may be of benefit or interest to you.

We may disclose PHI to a person, such as a family member or friend, who is involved in your healthcare or helps you pay for your healthcare.

We also may disclose or use PHI in the special circumstances listed below when required by international, federal, state, or local law:

- To avert a serious threat to the health or safety of you or others;
- To business associates who provide services on our behalf if the information is necessary to provide such services. Our business associates are obligated under contract with us, to protect the privacy of your PHI and are not allowed to use or disclose any information other than as specified in our contract with them;
- To comply with laws related to worker's compensation programs;
- To comply with public agencies or their representatives in order to prevent or control disease, injury or disability;
- To comply with the law in cases of suspected or confirmed cases of child or elder abuse or neglect;
- To health oversight agencies for audits, investigations, inspection and licensure of our facilities;
- In response to a court of administrative order, subpoena, discovery request or other lawful process;
- To a coroner's office, medical examiner's office or funeral director;
- To a government security agency in the case of a security threat;
- To law enforcement officials for law enforcement purposes.

This list is not exhaustive but does describe many of the special circumstances where we may be required to disclose your PHI should any of these special circumstances arise.

## **II. YOUR RIGHTS WITH REGARD TO YOUR PROTECTED HEALTH INFORMATION AND HOW YOU MAY EXERCISE THEM:**

Uses of your PHI other than those discussed in the preceding paragraphs, require a written authorization from you, written in specific terms. You have the right to revoke your consent at any time except to the extent that the authorized action has already been taken. We will not condition treatment, payment, etc., on an individual granting an authorization. These uses may include, but are not limited to, public marketing of products or services, (other than face to face marketing between our office and you on a one-to-one basis), research, disclosure to life insurance companies for the purpose of granting coverage, etc.

- To inspect and copy your PHI that may be used to make decisions about your care or payment for your care;

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- To request that we amend your PHI if you feel that your PHI is inaccurate or incomplete. If we accept the amendment, we will make reasonable efforts to provide the amendment to persons who might rely on that information in making decisions that if not corrected could work to your detriment;
- To request an accounting of certain disclosures of your PHI made by you, except with regard to that which was done for treatment, payment, healthcare operations or in the special circumstances covered by law;
- To request that we restrict the use or disclosure of your PHI for treatment, payment or healthcare operations. You have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care like a family member or friend. We are under no obligation to agree to your requests. However, in the event that we do agree, we must comply with the agreed restrictions, except for purposes of treating the individual in a medical emergency;
- To request that we communicate with you regarding medical matters by alternative means or location other than the means we typically employ. For example, that we communicate with you through a designated address or phone number or via closed envelope rather than by postcard. We will accommodate all reasonable requests if you believe that the disclosure of all or part of your PHI could endanger you. We have the right to expect from you an explanation of how payment for our services will be rendered should we comply with you alternative communications wishes. We will accommodate all reasonable requests;
- To request a paper copy of this privacy notice at any time.

We reserve the right to change this privacy notice and to make the revised or changed notice effective for all prior and future PHI. We will post a copy of the current notice at our reception desk which will contain the effective date at the top of each page of the document.

### **III. OUR RESPONSIBILITIES TO YOU IN MANAGING YOUR PROTECTED HEALTH INFORMATION AND RESPECTING YOUR RIGHTS:**

We will provide you with a paper copy of our privacy notice upon request. We will communicate your PHI in accordance with the privacy law in order to provide for you a safe and high standard of care while restricting the use and disclosure of your PHI to that which is necessary for the following purposes: to conduct treatment, obtain payment for services, conduct normal healthcare operations, and comply with special circumstances set forth by law. For any uses of your PHI other than those already discussed which are permitted by law, we will inform you as to the purpose for which we are seeking to use your PHI. You then have the right to authorize us to use the information or to refuse. If you authorize us to use that information, you must do so in writing. You may at any time withdraw your consent without fear of reprisal by us but you must do so in writing. Your treatment or care will not be contingent on you authorization for non HIPAA permitted uses of your PHI.

### **IV. OUR RESPONSIBILITIES SHOULD A BREACH OF PHI OCCUR:**

We take our responsibility to keep your health information secure. However, in the event a breach occurs, we will take the following action:

- Notify you, the individual affected, by first class mail or by electronic mail in the event you have given us permission to receive such notices electronically. If your contact information has changed and we have not

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been made aware of your correct contact information, we will post a general notice on the homepage of our website, [www.davisrhinoplasty.com](http://www.davisrhinoplasty.com), informing those individuals likely to be affected by the breach no later than 60 days following our discovery of such breach.

This notice will include:

1. a description of the breach;
  2. steps potentially affected persons should take to protect themselves from potential harm;
  3. a description of what our office is doing to investigate the cause for the breach, mitigate any harm that might be caused by the breach and prevent future breaches from occurring.
- Notify the Secretary of Health and Human Services of the United States as required by law.

*Please initial below if you agree to give our office permission to contact you by e-mail for the purpose of distributing important correspondence related to your PHI, such as the purposes listed above.*

\_\_\_ YES \_\_\_ NO (please place your initials next to your preference)

*Please note this is not an authorization to contact you for the purpose of advertising or for solicitation or sales purposes.*

## **V. CONTACTS FOR MORE INFORMATION OR TO FILE A COMPLAINT:**

As stated earlier, we at The Center for Facial Restoration are committed to using your protected health information judiciously and responsibly. If you would like more information regarding our handling of your PHI, or, if you believe we have violated your privacy rights, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To contact us or file a complaint with us, contact our Privacy Office (contact information below). All complaints must be made in writing and may be sent by mail, fax, or electronic mail. You will not be penalized for filing a complaint.

Lydia N. Davis  
HIPAA Compliance Officer/Business Manager  
The Center for Facial Restoration  
1951 SW 172 Avenue, Suite 205  
Miramar, Florida 33029  
Office: (954) 442-5191  
Fax: (786) 228-2853  
Email: [lydia@davisrhinoplasty.com](mailto:lydia@davisrhinoplasty.com)

Medical Record Number: \_\_\_\_\_

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To file a complaint with the Secretary of Health and Human Services, use the address and phone number listed below. All complaints must be made in writing and submitted by regular mail, electronic mail or by fax.

**Region IV - Atlanta (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)**

Roosevelt Freeman, Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, SW  
Atlanta, GA 30303-8909  
Voice Phone: (404) 562-7886  
Fax: (404) 562-7881  
TDD: (404) 331-2867

By signing below, you are acknowledging that you have been given an opportunity to read and understand the privacy practices used by The Center for Facial Restoration prior to signing this document.

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Patient or Patient Representative: Print Name

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Date

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Patient or Patient Representative: Sign Name