



NOTICE OF PRIVACY PRACTICES

Effective Date: 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.

We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice which describes the health information privacy practices of our office. A copy of our current notice will always be posted in our office.

If you have any questions about this notice or would like further information, please contact our office at (212) 717-5560.

AUTHORIZATION DESCRIBED IN THIS NOTICE

This notice will explain the different types of authorization we will obtain from you before we use or disclose your health information for a variety of purposes. The three types of authorization referred to in this notice are:

- A "general written consent," which we must obtain from you in order to use and disclose your health information in order to treat you and obtain payment for the treatment. We must obtain this general written consent the first time we provide you with treatment or services. This general written consent is a broad authorization that does not have to be repeated each time we provide treatment or services to you.
- An "opportunity to object," which we must provide to you before we may use or disclose your health information. In these situations, you will have an opportunity to object to the use or disclosure of your health information in person, over the telephone, or in writing.
- A "written authorization," which will provide you with detailed information about the persons who may receive your health information and the specific purposes for which your health information may be used or disclosed. We are only permitted to use and disclose your health information described on the written authorization in ways that are explained on the written authorization form you have signed.

EXCEPTIONS TO WRITTEN AUTHORIZATION

There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are:

- Exception for Treatment, Payment and Business Operations. We will obtain your general written consent to use and disclose your health information to treat your condition, or collect payment for the treatment. In some cases, we also may disclose your health information to another health care provider or payor for its payment activities.
- Exception in Emergencies or As Required by Law. We may use or disclose your health information in an emergency or as required by law. For example, we may share your information with public health officials at the New York State or city health departments who are authorized to investigate and control the spread of diseases.

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Practice Privacy Policy

- **Exception for Treatment, Payment and Business Operations.** We will obtain your general written consent to use and disclose your health information to treat your condition, or collect payment for the treatment. In some cases, we also may disclose your health information to another health care provider or payor for its payment activities.
- **Exception if Information is Completely or Partially De-Identified.** We may use or disclose your health information if we have removed any information that might identify you so that the health information is "completely de-identified." We may also use and disclose "partially de-identified" information if the person who will receive the information agrees in writing to protect the privacy of the information. Partially de-identified health information will not contain any information that would directly identify you (such as your name, address, social security number or phone number).
- **Product Monitoring, Repair and Recall.** We may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of 1) reporting or tracking product defects, problems or adverse events; 2) repairing, replacing, or recalling defective or dangerous products; or 3) monitoring the performance of a product after it has been approved for use by the general public, or in any other way required by law.
- **Lawsuits and Disputes.** We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.

YOUR RIGHT TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

You have the right to obtain a copy of your medical record. In order to do so, please submit your request in writing to this office.

When you request a copy of your medical record, we charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$0.75 per page. These fees must generally be paid before we give the copies to you.

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