



PLASTIC &
RECONSTRUCTIVE
SURGEONS

A Division of Proliance Surgeons

Chad M. Bailey, M.D.
Jonathan J. Hutter, M.D.
Trenton M. Morton, M.D.

NOTICE OF PRIVACY PRACTICES

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review carefully.

Introduction

At Plastic & Reconstructive Surgeons, Inc. P.S., we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Plastic & Reconstructive Surgeons, Inc. P.S., a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for your future care or treatment. This information, often referred to as your health or medical record, serves as a :

- Basis for planning your care and treatment
- Means for communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where and why others may access your health information and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Plastic & Reconstructive Surgeons Inc. P.S., the information belongs to you. You have the right to :

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record
- Amend your health record
- Obtain an accounting of disclosures on your health information
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your information
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities

Plastic & Reconstructive Surgeons Inc. P.S. is required to :

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

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We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied us. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example, we may ask you to have laboratory tests, and we may use the results to help us reach a diagnosis. We might use your health information in order to write a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your health information in order to treat you or assist others in your treatment. Additionally, we may disclose your health information to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your health information to other health care providers for purposes related to your treatment.

We will use your health information for payment.

For example, we may use and disclose your health information in order to bill and collect payment for the services and items you may receive from us. We may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or be responsible for such costs, such as family members. Also, we may use your health information to other health care providers and entities to assist in their billing and collection efforts.

We will use your health information for regular health operations.

For example, we may use and disclose your health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your health information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your health information to other health care providers and entities to assist in their health care operations.

Business Associates : There are some services provided in our organization through contacts with business associates. Examples include, physician services in the emergency department, radiology, and certain laboratory tests. When these services are contacted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory : Unless you notify us that you object, we will use your name, location in the facility and general condition for the directory purposes. This information may be provided to people who ask for you by name.

Notification : We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family : Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research : We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Marketing : We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Health Oversight Activities : We may disclose health information to an agency providing health oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure, or disciplinary actions or other authorized activities.

Specialized Government Functions : Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations and for government programs providing public benefits.

Workers Compensation : We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.



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Public Health : As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement : We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

For More Information or to Report a Problem

If you have questions and would like additional information or to submit a comment, complaint, you can do so by sending a letter to the practice's Privacy Officer at 17930 Talbot Road South, Renton, WA, 98055. You will not be penalized for filing a complaint. You may also contact the Dept. for Human and Health Services at 200 Independent Ave SW, Washington DC, 20201.