



# CONTEMPORARY PLASTIC SURGERY

## **Health Insurance Portability and Accountability Act (HIPAA)**

This privacy practices notice describes how **Contemporary Plastic Surgery** uses and discloses your medical information. Please review it carefully.

Any questions that you may have about this privacy practice should be directed to our **Privacy Officer, Michaeline Simek, RN, MSN at 732-254-1919.**

The privacy practices of Contemporary Plastic Surgery, the office of Robert A. Herbstman, MD, FACS, 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. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This notice also describes your rights with respect to PHI and how you can exercise those rights.

We are required to abide by the terms of this notice of privacy practices according to the law. We may change the terms of our notice, as health practice laws change. The new notice will be effective for all PHI that we maintain, at that time. If the notice changes, you may contact us and request that a revised copy be sent to you in the mail or you may ask for one at the time of your next appointment.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Your PHI maybe used and disclosed by Robert A. Herbstman, MD, FACS, his 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. Your PHI may also be used and disclosed to pay your health care bills.

Our **minimum necessary disclosure policy** limits to the minimum amount necessary the disclosure of your PHI to accomplish the stated purpose. Psychotherapy notes retained by CPS for the purpose of determining care within this practice **will not** be included in a disclosure or your PHI unless specifically requested in writing by you.

The following examples include uses and disclosures of your PHI that Dr. Herbstman's office is permitted to make on your behalf. These examples are not meant to be exhaustive, but to give comprehensive information on the uses and disclosures that may be made by our office.

### **Treatment**

Your PHI will be used by us for providing, coordinating or managing your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, we would disclose your PHI, as necessary, to a recovery facility that provides care to you. We will also disclose PHI to other physicians who may be treating you when we have the necessary

permission from you to disclose your PHI. For example, your PHI may be provided to a physician to whom you have been referred, to ensure that the physician has the necessary information to diagnose or treat your health condition.

In addition, we may disclose your PHI from time to time to another physician or health care provider, i.e. a specialist or laboratory, who at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

### **Payment**

Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as making a determination of eligibility or coverage for insurance benefits; reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

### **Health Care Operations**

We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities and conducting or arranging for other business activities.

**For example**, we may disclose your PHI to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when Dr. Herbstman is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We will share your PHI with third party "business associates" that perform various activities, i.e. billing or transcription services for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also use and disclose your PHI for other marketing activities. **For example**; your name, home address or e-mail address may be used to send you a newsletter about our practice and the services we offer (internal marketing via Constant Contact via your e-mail). We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer, Michaeline Simek, RN, MSN, to request that these materials not be sent to you or use the unsubscribe option located at the bottom of the electronic communication. Any external marketing would require a specific authorization from you granting permission to use your PHI. You may request a HIPAA Authorization for Use and Disclosure of Personal Health Information to enumerate exactly what CPS may and may not disclose.

We may disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to contact you for fundraising activities supported by our office (**example**; Susan G. Komen Race for the Cure). If you do not want to receive these materials, please contact our Privacy Officer, Michaeline Simek, RN, MSN and request that these fundraising materials not be sent to you.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI) BASED UPON YOUR WRITTEN AUTHORIZATION**

Other uses and disclosure of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

### **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT**

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then Dr. Herbstman may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

#### **Facility Directories**

Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your condition (in general terms) and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy will be told your religious affiliation.

#### **Others Involved In Your Health Care**

Unless you object, we may disclose your PHI to a member of your family, a relative, a close friend or any other person that you identify when it directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information, as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

#### **Psychotherapy Notes**

Unless you object, we may disclose your PHI to a member of your family, a relative, a close friend or any other person that you identify when it directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information, as necessary if we determine that it is in your best interest based on our professional judgment.

#### **Payment**

If health care services are provided that are paid out-of-pocket, you may request a restriction on disclosure to your health plan provider for those services.

#### **Emergencies**

We may use or disclose your PHI in an emergency treatment situation. If Dr. Herbstman or another physician in the practice is required by law to treat you, he or she may still use or disclose your PHI.

## **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT:**

### **Required By Law**

We may use or disclose your PHI in certain situations without your authorization to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law of any such uses or disclosures.

### **Public Health**

We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

### **Communicable Diseases**

We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

### **Health Oversight**

We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

### **Abuse or Neglect**

We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

### **Food and Drug Administration**

We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements or to conduct post marketing surveillance, as required.

### **Legal Proceedings**

We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal to the extent such disclosure is expressly authorized in response to a subpoena, discovery request or other lawful process.

### **Law Enforcement**

We may also disclose PHI for law enforcement purposes as long as applicable legal requirements are met. These law enforcement purposes include legal processes otherwise required by law, i.e. limited information requests for identification and location pertaining to victims of a crime; suspicion that death has occurred as a result of criminal conduct; in the event that a crime occurs on the premises of the practice and medical emergency.

**Coroners, Funeral Directors and Organ Donation**

We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director as authorized by law in order to permit the funeral director to carry out his/her duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research**

We may disclose your PHI 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 PHI.

**DATA BREACH NOTIFICATION**

Contemporary Plastic Surgery is required to notify all affected individuals of breaches of their unsecured PHI. A breach is defined as presumption that there has been an impermissible use or disclosure of your PHI. Notification will be provided in written form by first-class mail, or alternatively, by e-mail if you agree to receive such notices electronically. A notification will be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and will include, to the extent possible, a description of the breach, a description of the types of information that was involved in the breach, the steps you should take to protect yourself from potential harm, a brief description of what the covered entity is doing to investigate the breach, mitigate the harm, and prevent further breaches, as well as contact information for CPS.

My signature below indicates that I have read and understand the HIPAA Policy for Contemporary Plastic Surgery:

\_\_\_\_\_

Patient Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date