

Southern Cosmetic Laser

Notice of Privacy Practices

Southern Cosmetic Laser is committed to protect the privacy of your personal health information (PHI). It is important that you feel safe sharing your personal health information in order to choose the best treatment plan for you. Effective April 14, 2003, federal regulations were established by the Health Insurance Portability and Accountability Act ("HIPAA"). HIPAA regulations cover health care professionals and provide national standards to:

- Give patients more control over their health information
- Set boundaries for the use and release of health records
- Establish safeguards that physicians, health plans, and other healthcare providers must have in place to protect the privacy of health information
- Try to balance need for individual privacy with requirement for public responsibility that requires disclosures to protect the public health.
- Hold violators accountable, with civil and criminal penalties

The HIPAA regulations require that our practice provide all our patients we see after August 2005 with a Notice of Privacy Practices. The notice describes how the medical information we receive from you may be used or disclosed by our practice and your rights related to your access to this information. You are entitled to a personal copy of the notice at any time to review and keep for your records. If you have any questions about our Privacy Practices, please feel free to email us or ask. We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice. We may change our Notice, at any time. Any changes will apply to all PHI. Upon your request, we will provide you with any revised Notice by:

- Posting in our office.
- If requested, making copies of the new Notice available in our office or by mail.
- Posting the revised Notice on our website.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your written request. We may charge a reasonable, cost-based fee.
- You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days.
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose Someone to Act for You

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a Complaint if You Feel Your Rights Are Violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

We may use and share your PHI information as we:

- Treat you by our staff
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Training
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

How do we typically use or share your health information?

We will use your health information to facilitate your treatment. We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

We will use your health information to run our organization. We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

How else can we use or share your information?

We can use your health information when important to public health and safety. We can share health information about you without your permission for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Legal proceedings
- Health oversight
- If required by law

We will comply with the law concerning your health information. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

We can use your information to address workers' compensation, law enforcement, and other government requests. We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

We can use your information to without your permission to respond to lawsuits and legal actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena or other lawful process.

Our Responsibilities

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and business associates provide this notice about our privacy practices, and abide by the terms of this notice. We reserve the right to change our policies and practices for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change in how we use or disclose health information, we will also change this notice. The new notice will be available at the registration desk. Except for the purposes related to your treatment, to collect payment for our services, to perform necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your permission.

If you have questions or would like additional information, you may contact us at (843) 277-2240.

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