

NOTICE OF PRIVACY POLICIES

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.

Our Pledge Regarding Your Health Information:

We understand that information about you and your health is personal. We are committed to protecting your health information. We will create a record of the care and services you receive at Stillwater Plastic Surgery, P.A. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use disclose your health information. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information.

We Are Required By Law To:

- Make sure that health information that identifies you is kept private.
- Give you this notice or our legal duties and privacy practices with respect to your health information.
- Follow the terms of the notice that is currently in effect.

Who Will Follow This Notice:

This notice describes the practice of Stillwater Plastic Surgery and that of:

- Any health care professional authorized to enter information into your medical record, including doctors on the medical staff.
- All departments and units of Stillwater Plastic Surgery.
- All employees, staff, volunteers and other Stillwater Plastic Surgery personnel.
- In addition, the Stillwater Plastic Surgery facilities may share health information with each other for treatment, payment or healthcare operations purposes as described in this notice.

Use And Disclosure Of Your Health Information:

Treatment- Your health information may be used by staff members or disclosed to other health care Professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.



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Payment- Your health information may be used to seek payment from health plan, from other sources of coverage such as credit card companies that you may use for services. For example, your health plan may request and receive information on dates of services provided, and the medical condition being treated.

Health Care Operations- Your health information may be used as necessary to support the day-to-day activities and management of Stillwater Plastic Surgery, P.A. For Example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law Enforcement- Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits, and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting- Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the State's Public Health Department:

- To prevent or control disease, injury, or disability.
- To report reactions to medications or problems with products.
- To notify people of recalls or products they maybe using.
- To notify the appropriate government authority if we believe an adult patient has been a victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Special Situations- Military and Veterans: If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Lawsuits and Disputes- If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Coroners, Medical Examiners and Funeral Directors: We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary for them to carry out their duties.



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Inmates- If you are and inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of other, and for the safety and security of the correctional institutions.

Blood Testing- While you are receiving care, a health care worker may accidentally be exposed to blood or other fluids. If this occurs, your blood will be tested for the purpose of certain disease (for example, HIV, Hepatitis B and C). The tests are necessary to help protect the health care worker. The results of these tests will be part of your medical record and will not be released except with prior consent or as required or permitted by law.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use of disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

North Carolina Law- In the event that North Carolina Law requires us to give more protection to your health information that stated in the notice or required by the Federal Law, we will give that additional protection to your health information.

Workers Compensation- We may release your health information for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Our Duties:

Stillwater Plastic Surgery, P.A. is required by law to maintain the privacy of your health information and to provide you with this Notice of Privacy Practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Your Individual Rights:

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.



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- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

Additional Uses of Information:

Additional Reminders- Your health information will be used by our staff for appointment reminders.

Information about Treatments- Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We also may send you information describing other health-related goods and services that we believe may interest you.

Changes To This Notice:

We reserve the right to change this notice. We reserve the right to make revised or changed notices effective for health information we already know about you, as well as any information we receive in the future. The notice will contain the effective date on the last page. We will post a copy of the current Notice of Practices at each Stillwater Plastic Surgery, P.A. facility.

Complaints:

If you would like to submit a comment or complaint about our Privacy Practices, or if you believe your privacy rights have been violated you should call the matter to our attention by sending a letter outlining your concerns to:

Privacy Officer
Stillwater Plastic Surgery, P.A.
8712 Lindholm Drive, Suite 308
Huntersville, NC 28078

You may also send a written complaint to:

United States Secretary of the Department of Health and Human Services.
Office for Civil Rights
U.S. Department of Health and Human Services
61 Forsyth Street, SW.- Suite 3B70
Atlanta, GA 30323

You will not be penalized or otherwise retaliated against for filing a complaint.

For further information concerning the Privacy Practices, please contact the Privacy Officer at the address listed above or go online to www.hhs/ocr/hipaa.

This notice is effective on or after November 1, 2003.

