

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.

Any questions about this notice should be directed to your Patient Care Coordinator at 858-452-1981.

This Notice of Privacy Practices describes how the Practice may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. Protected health information is information about you, including demographic information, that may identify you and relates to your past, present, or future physical or mental health or condition and related health care services. This notice also describes your rights concerning Personal Health Information and how you can exercise those rights.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information 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.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your physician, office staff, and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the Practice.

The following examples include types of uses and disclosures of protected healthcare information that your physician is permitted to make. These examples are not meant to be exhaustive but to give comprehensive information on the types of uses and disclosures our office may make.

TREATMENT

We will use your protected health information to provide, coordinate, or manage your health care and related services. This includes coordinating or managing your health care with a third party that has already obtained your permission to access your protected health information. For example, we would disclose your protected health information, as necessary, to a recovery facility that provides care to you. We will also disclose protected health information to other physicians or medical providers who may be treating you when we have your permission to disclose your protected health information. For example, we may provide your protected health information to a physician or medical provider to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

PAYMENT

In addition, we may disclose your protected health information from time to time to another physician or healthcare provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by assisting with your healthcare diagnosis or treatment to your physician.

Your protected health information 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, such as determining 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 protected health information be disclosed to the health plan to obtain approval for the hospital admission.

We may use or disclose, as needed, your protected health information 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 protected health information to medical school students who 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 your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third-party "business associates" who perform various activities (e.g., billing and transcription services) for the Practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

HEALTHCARE OPERATIONS

We may use or disclose your protected health information, 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 protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our Practice and the services we offer. We may also send you information about products or services that may benefit you. You may contact your Patient Care Coordinator to request that these materials not be sent to you.

We may use or 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. If you do not want to receive these materials, please get in touch with your Patient Care Coordinator and request that these fundraising materials not be sent to you.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED ON YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your protected health information 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 protected health information in the following instances. You can agree or object to using or disclosing all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. Only the protected health information relevant to your health care will be disclosed in this case.

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 who ask for you by name. Members of the clergy will be told your religious affiliation.

OTHERS INVOLVED IN YOUR HEALTHCARE

Unless you object, we may disclose your protected health information to a member of your family, a relative, a close friend, or any other person 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 protected health information to notify or assist in notifying a family member, personal representative, or any other person responsible for your care of your location, general condition, or death. Finally, we may use or disclose your protected health information 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.

EMERGENCIES

We may use or disclose your protected health information in an emergency treatment situation. Suppose your physician or another physician in the Practice is required by law to treat you. In that case, they may still use or disclose your protected health information.

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

We may use or disclose your protected health information in the following situations without your authorization. These situations include:

REQUIRED BY LAW

We may use or disclose your protected health information 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. As required by law, you will be notified of any such uses or disclosures.

PUBLIC HEALTH

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

COMMUNICABLE DISEASES

We may disclose your protected health information, 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 protected health information 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 protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information 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 protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biological product deviations, track products, enable product recalls, make repairs or replacements, or conduct post-marketing surveillance, as required.

LEGAL PROCEEDINGS

We may disclose protected health information 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 certain conditions in response to a subpoena, discovery request, or other lawful process.

LAW ENFORCEMENT

We may also disclose protected health information for law enforcement purposes, so long as applicable legal requirements are met. These law enforcement purposes include legal processes and otherwise required by law, limited information requests for identification and location purposes, 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 (other than on the Practice's premises) and it is likely that a crime has occurred.

CORONERS, FUNERAL DIRECTORS, AND ORGAN DONATION

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

RESEARCH

We may disclose your protected health 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 protected health information.

CRIMINAL ACTIVITY

Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may

also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

MILITARY ACTIVITY AND NATIONAL SECURITY

When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities, for a determination by the Department of Veterans Affairs of your eligibility for benefits, or to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

WORKER'S COMPENSATION

Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

INMATES

We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

REQUIRED USES AND DISCLOSURES

Under the law, we must make disclosures to you and, when required by the Secretary of The Department of Health and Human Services, to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

2. YOUR RIGHTS

Following is a statement of your rights concerning your protected health information and a brief description of how you may exercise these rights.

YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION.

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and their Practice use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending

on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please get in touch with your Patient Care Coordinator if you have questions about access to your medical record.

YOU HAVE THE RIGHT TO REQUEST A RESTRICTION OF YOUR PROTECTED HEALTH INFORMATION.

You may ask us not to use or disclose any part of your protected health information for treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit the use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

With this in mind, please discuss any restriction you wish to request with your Surgeon. Restriction requests must be made in writing to our Practice at 9850 Genesee Avenue, Suite 130, La Jolla, CA 92037.

YOU HAVE THE RIGHT TO REQUEST TO RECEIVE CONFIDENTIAL COMMUNICATIONS FROM US BY ALTERNATIVE MEANS OR AT AN ALTERNATIVE LOCATION.

We will accommodate reasonable requests. We may also condition this accommodation by asking you for information on how payment will be handled or the specification of an alternative address or other contact method. We will not request an explanation from you regarding the basis for the request. Please make this request in writing to your Patient Care Coordinator.

YOU MAY HAVE THE RIGHT TO HAVE YOUR PHYSICIAN AMEND YOUR PROTECTED HEALTH INFORMATION.

This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and provide you with a copy of any such rebuttal. Please get

in touch with your Patient Care Coordinator to determine if you have questions about amending your medical record.

YOU HAVE THE RIGHT TO RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES WE HAVE MADE, IF ANY, OF YOUR PROTECTED HEALTH INFORMATION.

This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

YOU HAVE THE RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE FROM US

You may request a paper copy of this notice, even if you have agreed to accept this notice electronically.

3. COMPLAINTS

You may complain to us or The Department of Health and Human Services if you believe we have violated your privacy rights. You may file a complaint with us by notifying your Patient Care Coordinator of your complaint. We will not retaliate against you for filing a complaint.

You may contact your Patient Care Coordinator at (858) 452-1981 for further information about the complaint process.

This notice was published and became effective on January 1, 2003.

Notice of the Receipt of Notice of Privacy Practices

La Jolla Cosmetic Surgery Centre, a Medical Group
9850 Genesee Avenue, Suite 130
La Jolla, CA 92037

I hereby acknowledge that I have received the Notice of Privacy Practices from your office.

Patient Signature: _____ Date: _____

Printed Name of Patient: _____