

Notice of Privacy Practices

Effective Date: 2013

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.

If you have any questions about this notice, please contact our office at 503-699-6464
16865 Boones Ferry Road, Suite 101 - Lake Oswego, OR 97035

WHO WILL FOLLOW THIS NOTICE:

This notice describes the information privacy practices followed by our employees, staff, and other personnel.

YOUR HEALTH INFORMATION:

This notice applies to the information and records we have about you, your health, health status, and the health care and services you receive from Elisa Burgess, MD. Your health information may include information created and received by Elisa Burgess, MD., may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity, and similar types of health related information.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

We may use and disclose health information for the following purposes:

- For Treatment. We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, staff or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

Different personnel in our organization may share information about you and disclose information to people who do not work for Elisa Burgess, MD. in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering imaging. Family members and other health care providers may be apart of your medical care outside this office and may require information about you that we have. We will request your permission before sharing health information with your family or friends unless you are unable to give permission to such disclosures due to your health condition.

- For Payment. We may use and disclose health information about you so that the payment may be collected from you, an insurance company, or a third party.

For example, we may need to give your health plan information about services you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will pay for this treatment.

-For Health Care Operations.

We may use and disclose health information about you in order to run Burgess Plastic Surgery and make sure that you and our patients receive quality care.

For example, we may use your health information to evaluate the performance of our staff caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

We may also disclose your health information to health plans that provide you insurance coverage and other health care providers that care for you. Our disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate and manage health and services, train staff and comply with the law.

(If patients may be contacted for fund raising purposes:)

-Fund Raising. We may contact you to ask for your help with different fund-raising campaigns.

Please notify us if you do not wish to be contacted during fund raising campaigns. If you advise us in writing (at the address listed at the top of this notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.)

Special Situations:

We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required by Law. We will disclose health information about you when required to do so by federal, state, or local law.

Research. We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the office.

Organ and Tissue Donation. If you are an organ donor, we may release health information to organizations that handle organ procurement, or organ, eye, or tissues transplantation or to an organ donation bank, as necessary to facilitate such donation and transportation.

Military, Veterans, National Security, and intelligence. If you were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release health information about you. We may release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.

Public Health Risks. We may disclose health information about you for the public health reasons in order to prevent or control disease, injury, or disability; or reported births, medications or problems with products.

Health Oversight Activities. We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirement, we may also disclose health information about you in a response to a subpoena.

Law Enforcement. We may release health information if asked to do so by law enforcement official in response to a court order, subpoena, warrant, summons, or similar process, subject to all applicable legal requirements.

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.

Information Not Personally Identifiable. We may disclose health information about you in a way that does not personally identify the cause of death.

Family and Friends. We may disclose health information about you to your family members or friends if we obtain verbal agreement to do so or if we give you an opportunity to object to such disclosure and you do not raise an objection. We may also disclose health information to your family and friends if we can infer from the circumstances, based on our professional judgement that you would not object. Fo example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room or the hospital during treatment or while treatment is discussed.

In situations where you are not capable of giving consent(because you are not present or due to you incapacity or medical emergency), we may, using your professional judgement, determine that a disclosure to your family member or friend is in your best interest. in the situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgement and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick you up, for example, filled prescriptions, medical supplies, or X-rays.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use of disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization to use or disclose health information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

In some instances, we may need specific, written authorizations from you in order to disclose certain types of specially- protected information such as substance abuse information for purposes such as treatment, payment, and healthcare operations.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

- Right to Inspect and Copy. You have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to Elisa Burgess M.D. in order to inspect and/ or copy records of you health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other associated supplies. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. A modified request may include requesting a summary of your medical record.

If you request to view a copy of your health information, we will not charge you for inspecting your health information. If you wish to inspect your health information, please submit your request in writing to Elisa Burgess, M.D.

You have the right to request a copy of your health information in electronic form if we store you health information electronically.

We may deny your request to inspect and or copy your health records or parts of your record in certain limited circumstances. If you are denied copies if or access to, health information that we keep about you, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed healthcare professional to review your request. and we will comply with the outcome of review.

-Right to Amend. If you believe health information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by Elisa Burgess, M.D.

To request an amendment, complete and submit a MEDICAL RECORDS AMENDMENT/ CORRECTIONS FORM to Elisa Burgess, M.D.

We may deny your request for an amendment if you request is not in writing or does not include a reason to support your request. In addition, we may deny or partially deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment.

- Is not part of the health information that we keep.
- You would not be permitted to inspect and copy
- Is accurate and complete

If we deny or partially deny your request for amendment, you have the right to submit a rebuttal and request a rebuttal be made a part of your medical record. Your rebuttal needs to be (number) pages in length or less and we have the right to file a rebuttal responding to yours in your medical record. You also have the right to request that all documents associated with the amendment request (including rebuttal) be transmitted to any other party any time that portion of the medical record is disclosed.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, healthcare operations, when specifically authorized by you and a limited number of special circumstances involving nations security, correctional institutions and law enforcement.

To obtain this list, you must submit your request in writing to Elisa Burgess, M.D. It must state a time period, which may not be longer than 6 years, your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12- month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Rights to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health operations. you also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or that payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST. If we do agree, we will comply with you request unless the information is needed to provide you emergency treatment or we are required by law to use or disclose the information.

WE ARE REQUIRED TO AGREE WITH YOUR REQUEST if you pay for treatment, services, supplies, and prescriptions "out of pocket" and you request the information not be communicated to your health plan for payment or healthcare operations purposes. There may be instances where we are required to release this information if required by law.

To request restrictions, you may complete and submit the **REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION** TO Elisa Burgess, M.D.

-Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you may work or by email.

To request confidential communication, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION to Elisa Burgess, M.D. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

-Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. (you may also find a copy of this notice on our website)

To obtain such a copy, contact Elisa Burgess, M.D.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current notice at our location with its effective date in the top right-hand corner. You are entitled to a copy of this notice currently in effect.

We will inform you of any significant changes to this notice. This may be through our newsletter, a sign prominently posted at our locations, a notice post on our website or other means of communication.

BREACH OF HEALTH INFORMATION

We will inform you if there is a breach of your unsecured health information.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services at:

Office for Civil Rights Region (Alaska, Idaho, Oregon, Washington)
U.S. Department of Health & Human Services
2201 Sixth Avenue- M/S: RX-11
Seattle, WA 98121-1831
Voice Phone (206) 615 -2290
Fax (206) 615-2297
TDD (206) 615-2296

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.