

PF-1000 Notice of Privacy Practices



Brevard Plastic Surgery &
Skin Treatment Center
Roxanne Guy, MD, F.A.C.S.

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

Uses and Disclosures:

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.

Payment: your health information may be used to seek payment from your insurance company. For example, your health plan may request and receive information on your condition such as dates of service, the services provided, and the medical conditions being treated.

Health care operations: Your health information may be used as necessary to support the day-to-day activities and management for **the office of Roxanne J. Guy, M.D.** For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality care.

Related Benefits and Services: We may use your information (address, phone number or email) to send you information regarding seminars or talks given by Dr. Guy, or other office services that might be of interest to you, such as aesthetician services, etc.

TOPS: "Tracking Operations and Outcomes for Plastic Surgeons" is associated with the American Society of Plastic Surgeons (ASPS) and a method for collecting "De-identified" information on all of our surgical procedures for the improvement of care. It offers valid, scientific procedural and quality of care information of plastic surgery to the ASPS and the American Board of Plastic Surgery, (ABPS). Your information is "De-identified", which means that none of your personal information is identifiable to these organizations and no one at these organizations would be able to identify the identity of the patient, only the surgical procedure performed.

Study Protocol: Federal law mandates that if you are enrolled in one of the silicone gel studies, your information will be shared with the company that maintains our records for the Institutional Review Board that monitors our study, (Mentor or McGhan Corporation), as is required by the Food and Drug Administration. However, this information is used solely for the purpose of tracking the progress of Silicone Gel Implants. This study tracks all patients with silicone gel implants for a period of 5 years to determine any health related complications that could exist. This is a strictly monitored study and only certain individuals qualify for this study as determined by the Institutional Review Board.

Law Enforcement: We will disclose medical information about you when required to do so by federal, state or local law, for example:

- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness, missing or deceased persons.

Coroners, Medical Examiners, and Funeral Directors: we will release information for the purpose of identifying a deceased person or to determine the cause of death.

Public health reporting: Your health information may be disclosed to public health agencies as required by law. Examples of this include:

- To prevent or control disease, injury or disability
- To report child abuse or neglect, or other reasons mandated by federal, state or local 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.



Additional uses of information

Appointment reminders: At times we will call your home number to remind you of up-coming appointments. We will only leave a message for you regarding an appointment date and time, but will make no reference to why you have an appointment with us.

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 may also send you information describing other health-related goods and services that we believe may interest you.

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. This must be submitted in writing.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information at no charge one time per year and by appointment only. This request must be in writing.
- The right to request an amendment or correction to your medical record. However, the office may deny the request if the following criteria are met:
 1. The information to be amended came for an office other than ours.
 2. The information to be amended is accurate and/or complete.
 3. The information to be amended does not exist in the specified records.
 4. Dr. Guy deems that the change is invalid.
- The right to receive an accounting of how and to whom your protected health information had been disclosed. Request must be in writing.
- The right to receive a printed copy of this notice.

We are required by law to maintain the privacy of your protected 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.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Request to Inspect Protected Health Information

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the office manager at 321-727-1600.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Roxanne J. Guy, M.D.
Attention: Office Manager
111 E. Hibiscus Blvd.
Melbourne, FL 32901

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

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