

**INSPIRE COSMETIC SURGERY & MED SPA**  
**Health Insurance Portability and Accountability Act (HIPAA) and the Security Rule with Notice of Privacy Practices**

HIPAA protects the privacy and security of health information. The Security rule protects individually identifiable health information that is created, received, maintained and transmitted at Inspire Cosmetic Surgery & Med Spa in electronic form. This information is referred to as "electronic personal health information" (e-PHI).

Inspire Cosmetic Surgery and Med Spa maintains reasonable and appropriate administrative, technical and physical safeguards for protecting your e-PHI. We ensure confidentiality, integrity and availability of all e-PHI created, received, maintained or transmitted.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatments, payments or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected Health Information is information about you. This includes demographic information, that may identify you, and it relates to your past, present or future physical or mental health condition with related health care services.

**Uses and Disclosures of Protected Health Information**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

**Treatment**

A patient's e-PHI will be disclosed for the provision of registration to services, clinical patient care and for the provision of any level of surgical procedure requested by the patient. Professional peer consultation in relation to a patient's request for a surgical or clinical procedure may also require disclosure of PHI. Disclosure of e-PHI is limited to individuals who need the information to carry out patient care duties. These individuals include; physicians, nurses, nursing personnel, ancillary clinical staff, aestheticians, health care students and client care consultants. We will use and appropriately manage your protected health information to provide, coordinate, and optimize your health care and any related services at Inspire Cosmetic Surgery & Med Spa.

Outside entities that formally request an Inspire Cosmetic Surgery & Med Spa patient's PHI will be directed to Inspire Cosmetic Surgery and Med Spa's Privacy Officer and its Directors for appropriateness and review of reasons for the request. These may include a written request from the ICS patient, requests for a patient's healthcare treatment, operations and billing from other treating physicians outside of Inspire Cosmetic Surgery and Med Spa, and requests made by a representative of an accredited body for the purpose of detecting healthcare fraud or abuse.

**Payment**

Your protected health information will be used, as needed, to obtain payment for your health care services. 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 registration and communication of your upcoming appointments, quality assessment activities, case management and coordination of care, employee review activities, training of medical students, to fulfill licensing and accreditation activities, and conducting or arranging for other business activities.

#### **Lawfully permitted disclosure of your PHI**

We may use or disclose your protected health information without a written authorization as is described in the Code of Federal regulations § 164.508. These situations include, but are not limited to, requests from a government or public health authority, the collection and/or reporting of adverse events to accrediting agencies, to track FDA regulated products, and as required by law.

Other permitted and required uses and disclosures will be made only with your consent. You may revoke this authorization in writing at any time. Except to the extent that your physician or the physician's practice has taken an action on the use or disclosure indicated in the authorization.

#### **Your Rights:**

The following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. 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.

You have the right to request a restriction of your protected health information. This means you may ask us through a signed written request, not to use or disclose any part of your protected health information for the purposes of 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 signed written 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 a physician believes it is in your best interest to permit use and disclosure of your protected health information. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically or by other means.

You may have the right to have your physician amend your protected health information. 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 will provide you with a copy any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. We reserve the right to change the terms of this notice and will

inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our HIPAA Compliance Officer of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on/or before December 20, 2010.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number (855-467-7473).