

NOTICE OF PRIVACY PRACTICES

Effective Date: February 18, 2025

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

You have the right to:

- **Get a copy of your medical record:** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your medical record:** If you believe that health information we have about you is incorrect or incomplete, you can request an amendment. We may deny your request, but we'll provide an explanation in writing within 60 days.
- **Request confidential communications:** You can ask us to contact you in a specific way (e.g., home or office phone) or to send mail to a different address. We will accommodate all reasonable requests.
- **Ask us to limit what we use or share:** You can request that we not use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may deny it if it would affect your care.

- **Get a list of those with whom we've shared information:** You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
 - **Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
 - **Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will ensure the person has this authority and can act for you before we take any action.
 - **File a complaint if you feel your rights are violated:** You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights as noted below.
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Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference—for example, if you are unconscious—we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
 - Sale of your information
 - Most sharing of psychotherapy notes
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Our Uses and Disclosures

How We Typically Use or Share Your Health Information

We typically use or share your health information in the following ways:

Treatment

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run Our Organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for Your Services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

Other Ways We Can Use or Share Your Health Information

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes.

Help with Public Health and Safety Issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do Research

We can use or share your information for health research under certain circumstances.

Comply with the Law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services (HHS) if it wants to see that we're complying with federal privacy law.

Respond to Organ and Tissue Donation Requests

We can share health information about you with organ procurement organizations.

Work with a Medical Examiner or Funeral Director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address Workers' Compensation, Law Enforcement, and Other Government Requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to Lawsuits and Legal Actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
 - We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
 - We must follow the duties and privacy practices described in this notice and give you a copy of it.
 - We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
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Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Contact Information

If you have questions or want more information, you may contact us at:

Korman Plastic Surgery and Wunderbar MedSpa

2500 Hospital Drive, Suite 9A

Building 9

Mountain View, CA 94040

650-254-1200

<https://www.kormanmd.com>

If you believe your privacy rights have been violated, you may file a complaint with us using the contact information above or with the U.S. Department of Health and Human Services Office for Civil Rights at:

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

Phone: 1-877-696-6775

www.hhs.gov/ocr/privacy/hipaa/complaints

We will not retaliate against you for filing a complaint.