

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED, HOW WE PROTECT YOUR INFORMATION AND YOUR RIGHTS UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (“HIPAA”) AND HOW YOU CAN GET ACCESS TO YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

State and Federal laws require us to maintain the privacy of your health information, to inform you about our privacy practices by providing you with this Notice, and to follow the terms of this Notice. This Notice was last updated on 01/05/2022, and it will remain in effect until it is amended or replaced by us.

We reserve the right to make changes to our privacy practices and this Notice.

You may also request a copy of our privacy Notice at any time by contacting us at info@beckaestheticsurgery.com.

TYPICAL USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Treatment: We may use your health information to provide you with our professional services or to coordinate and manage your health care services. We have established “minimum necessary” or “need to know” standards that limit various staff members’ access to your health information according to their primary job functions.

Disclosure: We may disclose and/or share your healthcare information with other health care professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality policy like this one.

Payment: We may use and share your health information with third parties to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance companies, billing vendors, collection agencies, health plans, or other businesses that may become involved in the process of billing and collecting unpaid balances.

Healthcare Operations: We may use and share your health information to carry out business activities that keep our practice operable, improve the quality of our services and cost involved, and conduct other health care operations.

Required by Law: We may use or disclose your health information when we are required to do so by law or government agencies.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Special Situations/Public Health Activities: We may disclose your health care information to report problems with products, reactions to medications, product recalls, to control and prevent communicable disease exposure, and/or to avert a serious and imminent threat to health or safety to you or others.

Marketing Health-Related Services: We will not use your health information for marketing purposes unless we have your written authorization to do so.

Communication With You/Appointment Reminders: We may use and share your health information to contact you about treatment, care, payment, or provide you with appointment reminders, including, but not limited to, voicemail messages, postcards, or letters.

Other Uses and Disclosures of Your Health Information: We may disclose and share your healthcare information to respond to a legal proceeding, to law enforcement and correctional institutions, or for disaster relief purposes.

Authorization for Other Uses of Health Information: Health information about you may also be disclosed to your family, friends and/or other persons with your prior written permission.

YOUR PRIVACY RIGHTS AS OUR PATIENT

Right to Access/Copy: You have the right to access and get copies of your health information (and that of an individual for whom you are a legal guardian.) There will be some limited exceptions. If you wish to request a copy of your medical record, contact our Privacy Officer or request access by sending us a letter to the address at the end of this Notice. You will receive information within 30 days of the receipt of your request, unless we inform you otherwise (for records that are in storage, for instance). Copies, if requested, are \$.25 per page and the staff time charge is \$35. per hour including the time required to locate and make a copy of your health information. If you want the copies mailed to you, postage will also be charged. If you prefer a summary or an explanation of your health information, we will provide it for an additional fee. Please contact our Privacy Officer for a fee and/or for an explanation of our fee structure.

Right to Amend: You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied. If you wish to request a change to your medical record, contact our Privacy Officer at info@beckaestheticsurgery.com or send us a letter to the address at the end of this Notice.

Right to Revoke or Cancel an Authorization: At any time, you can revoke (cancel) your Authorization to share your information with others. Once we have processed your revocation request, we will no longer use or share your information under the revoked Authorization.

Request an Accounting of Disclosures: You may have the right to ask for a list of non-routine disclosures we have made of your health care information in the last six years. An accounting of disclosures will include a list of instances in which we, or our business associates, disclosed information for reasons other than treatment, payment, or healthcare operations. Not that when we make a routine disclosure of your information to a professional for treatment and/or payment purposes, we do not keep a record of those routine disclosures, so they are not available for your review. To request an accounting of disclosures, contact our Privacy Officer at info@beckaestheticsurgery.com or send us a letter to the address at the end of this Notice.

Right to Request Restrictions on Sharing Your Information: You have the right to ask that we limit how we use or share your information.

Right to Be Notified of a Breach: You have the right to be notified if your unsecured health information is used or shared in a manner not permitted under law.

The Right to File a Complaint: You have the right to file a complaint if you feel we have not complied with this Notice, impermissibly shared, or used your information, or that your rights were denied under HIPAA. To file a complaint, contact our Privacy Officer at info@beckaestheticsurgery.com or send us a letter to the address at the end of this Notice. You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services by going to hhs.gov/HIPAA. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

HOW TO CONTACT US

Practice Name: Beck Aesthetic Surgery

Telephone: 704-800-4642

E-Mail: info@beckaestheticsurgery.com

Address: 1450 Matthews Township Pkwy, Suite 270

Matthews, NC 28105

HIPAA Notice of Privacy Practices

This form does not constitute legal advice and covers only federal, not state, law.

I hereby acknowledge that I have read this document in its entirety and agree to its terms. I understand that I may request and receive a paper copy of this document.

Patient Signature _____ Date: _____

BAS Staff

Reviewer Signature _____ Date: _____