

## **THE CENTER FOR FACIAL RESTORATION** **NOTICE OF PRIVACY PRACTICES**

This notice describes how medical information about you may be used or disclosed and what your rights are regarding the protection of this information and your ability to request a copy of it. By signing this form, you agree that you have been notified of The Center for Facial Restorations Privacy Practices.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires covered entities to protect all Patient Health Information that is supplied and then stored or transmitted in a written or electronic format. This information is referred to as PHI (Patient Health Information) and ePHI (Electronic Patient Health Information). The HIPAA Act was further augmented by the Privacy Rule (2000) and the Security Rule (2003). Additionally; the HITECH Act (2009) increased the specifications of the safeguards used to protect ePHI while also attaching these responsibilities to the Business Associates (BA) of the covered entity that may be exposed to ePHI while performing services for the covered entity. The HITECH Act (2009) also included the Breach Notification Rule that specifies what steps need to be taken by a covered entity when disclosing a breach of PHI or ePHI to its patients.

### **What does PHI/ePHI specifically contain?**

With guidance from the Department of Health and Human Services and the Office for Civil Rights Patient Health Information consists of the following 18 HIPAA Identifiers:

1. Name
2. All geographic subdivisions smaller than a state
3. All elements of dates (e.g. birthdate, admission date, date of discharge etc.)
4. Telephone numbers
5. Fax numbers
6. Email address
7. Social Security Number
8. Medical Record Number
9. Health Plan Beneficiary Number
10. Account numbers
11. Certification/License numbers
12. Vehicle Identification Number (e.g. License Plate Number)
13. Device Identifies and serial numbers
14. Website URL's

**The Center for Facial Restoration**  
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**Miramar, FL USA 33029**  
**+1 (954) 442-5191**

15. Internet Protocol (IP) address
16. Biometric Identifies (e.g. fingerprints)
17. Photographs
18. Any unique Identifying number, code, or characteristic attached to the patient

### **When can The Center for Facial Restoration use PHI/ePHI contained in my Medical Records?**

The Center for Facial Restoration may only use or disclose PHI/ePHI contained in your medical records for the following reasons. These reasons are commonly referred to as TPO or Treatment, Payment, Health Care Operations.

- **Treatment:** The process of providing or coordinating patient care or related services.
- **Payment:** includes the process of billing either patients or insurance providers for the services rendered by The Center for Facial Restoration.
- **Health Care Operations:** includes the internal process of operating a health care practice.

Any additional use or disclosure of your PHI/ePHI will only be made with your written authorization. An Authorization/Request form will be provided to you at the time of the request. The authorization for release of records will be valid until the expiration date stipulated on the authorization for release form or until it is revoked by the patient. Any request for revocation must be made in writing and counter-signed by the practices HIPAA Security Officer.

### **What rights do I have regarding my patient health information?**

The patient has the right to revoke an authorization for release of information at any time. This revocation must be in writing and must be counter-signed by the practices HIPAA Security Officer.

The patient has the right to specify what patient information is released with the exception of that information that is used in TPO. This request must be made in writing and must be counter-signed by the practices HIPAA Security Officer.

The patient has the right to request a copy of their medical records. The patient may designate a third party to receive their medical records. Any request for a third party to receive medical records must be made in writing. An Authorization/Request for Release Form will be presented by the practice at the time of the request. The media type that

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the copied medical records will be submitted on must be stipulated at the time of the request (e.g. paper, CD/DVD, encrypted email, encrypted external drive).

The Center for Facial Restoration has the right to modify or change elements of this notice at any time. The Notice of Privacy Practices is posted in downloadable .PDF format on the website for The Center for Facial Restoration at **www.davisrhinoplasty.com**. If modifications are made the patient will be presented with these changes at the time of their next appointment. The patient may also call The Center for Facial Restoration to request the most recently updated Notice of Privacy Practices be sent to them.

**Who do I contact with a HIPAA related complaint?**

If you believe your Patient Health Information has been released or handled in any way that violates HIPAA regulations you can make a complaint to the Department of Health and Human Services and Office for Civil Rights at the following phone number and/or email address. The Center for Facial Restoration also requests that you make the practice aware of any concerns that you may have so that we can evaluate the complaint and correct any perceived issues.

Office of Civil Rights:  
HIPAA Complaint Hotline: 1-866-627-7748  
Email address: [OCRCompliant@HHS.gov](mailto:OCRCompliant@HHS.gov)

By signing you agree that you understand the Privacy Practices of The Center for Facial Restoration as stated above.

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Patient/Guardian Name and Relationship to Patient      Date