



**AISTHETIKOS**

MELISSA M. SMITH, M.D.  
PLASTIC SURGEON

## NOTICE OF PRIVACY PRACTICES

**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.**

We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to such information. We are also required by law to abide by the terms of the Notice of Privacy Practices currently in effect.

#### **Introduction:**

At Aisthetikos, Inc. we are committed to treating and using Protected Health Information (PHI) about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how we use or disclose that information. It also describes your rights as they relate to your (PHI) protected health information. This notice applies to all (PHI) protected health information as defined by federal regulations.

#### **Understanding your Health Record/Information:**

Each time you visit Aisthetikos, Inc. a record of your visit is made. Typically this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials to assist with improving the health of this state and nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes that we Achieve

#### **Our Responsibilities:**

Associates of Aisthetikos, Inc. are required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices, with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provision effective for all (PHI) protected health information we maintain. Should our information practices change, we will make a revised notice available to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

#### **For More Information or to Report a Problem:**

If you have questions and would like additional information. You may contact the Newport office at (949) 642-7600 or fax (949) 642-7606.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights. U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below.

*Office for Civil Rights:*

U.S. Department of Health and Human Services  
200 Independence Avenue, S. W.  
Room 509F, HHH Building  
Washington, D.C. 20201

**YOUR RIGHTS REGARDING (PHI) PROTECTED HEALTH INFORMATION:**

You have the following rights regarding medical information that Aisthetikos, Inc. maintains:

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information that Aisthetikos, Inc. may use or disclose about you for treatment, payment or health care operations. Aisthetikos, Inc. is not required to agree to your request. If Aisthetikos, Inc. does agree, we will comply with your requests unless the information is needed to provide you emergency treatment.

In order to request restriction, you must make your request in writing to: Aisthetikos, Inc. Attn: Medical Records, 1501 Superior Avenue Suite 303, Newport Beach, CA 92663.

In your request, you must tell us:

1. Specifically, what information you want to limit
2. Whether you want to limit our use, disclosure or both
3. Specifically, whom you want the limits applied to

**Right to Receive Confidential Communications:** You have the right to request that we communicate with you about medical matters by alternative means or at alternative locations. For example, you may ask that we only contact you at work.

In order to request confidential communications, you must make your request in writing to: Aisthetikos, Inc. Attn: Manager of Operations, 1501 Superior Avenue Suite 303, Newport Beach, CA 92663. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Inspect and Copy:** You have the right to inspect and copy health information that may be used by Aisthetikos, Inc. to make decisions about you.

To request access to your records, you must submit your request in writing to to: Aisthetikos, Inc. Attn: Medical Records 1501 Superior Avenue Suite 303, Newport Beach, CA 92663. If you request a copy of the information, we will charge a fee for the costs of copying, mailing or other supplies associated with your requests.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed as required by law. We will comply with the outcome of the review.

**Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information.

To request an amendment, your request must be made in writing and submitted to: Aisthetikos, Inc. Attn: Medical Records 1501 Superior Avenue Suite 303, Newport Beach, CA 92663. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us
- is not part of the information which you would be permitted to inspect and copy

- is accurate and complete

**Right to an Accounting of Disclosures:** You have the right to request an -accounting of disclosures. This is a list of disclosures Aisthetikos, Inc. made of medical information about you. The list does not include disclosures for treatment, payment, or health care operations, specifically authorized by you or certain disclosures for law enforcement purposes.

To request this accounting of disclosures, you must submit your request in writing to: Aisthetikos, Inc. Attn: Medical Records 1501 Superior Avenue Suite 303, Newport Beach, CA 92663. Your request must state a time period, which may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice.

## **EXAMPLES OF DISCLOSURE FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS**

**Treatment:** Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his/her expectations for the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

**Payment:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

**Regular Health Operations:** Aisthetikos, Inc. medical staff and associates, may disclose medical information about you for general administrative and business functions necessary for operation. For example, Aisthetikos, Inc. may provide the (ABPS) American Board of Plastic Surgery medical information about you in order for ABPS to perform its obligation required for physician's board certification. Your (PHI) may also be used to review the competence of health care professionals working at Aisthetikos, Inc., to train students, and to make sure we are complying with legal rules and regulations. Aisthetikos, Inc. may also use your (PHI) to conduct business planning, management and other general administrative activities. Aisthetikos, Inc. may use your (PHI) in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

**Business Associates:** There are some services provided by Aisthetikos, Inc. through contacts and business associates. Examples include physician services in the emergency department, hospital and Urgent Care facilities, radiology referrals, laboratory test, and billing services associated with these associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Notification:** Aisthetikos, Inc. may use or disclose information to notify or assist in notifying a family member, personal representative, or another responsible person, for the purposes of continuing care. For Example: A specialist we referred you to may not have your correct telephone number, and need to reschedule an appointment.

**Organ procurement organizations:** Consistent with applicable law, Aisthetikos, Inc. may disclose (PHI) protected health information to Organ Procurement Organizations or other entities engaged in the procurement, banking of transplantation of organs for the purpose of tissue donation and transplant.

**Marketing:** Aisthetikos, Inc. may contact you to provide appointment reminders or information about treatment or other health-related services that may be of interest to you.

**Food and Drug Administration (FDA):** Aisthetikos, Inc. may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

**Coroners, Medical Examiners and Funeral Directors:** Aisthetikos, Inc. may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person or determining a cause of death, or to funeral

directors as necessary for them to carry out their duties.

**Workers Compensation:** Aisthetikos, Inc. may disclose (PHI) protected health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health:** As required by law, Aisthetikos, Inc. may disclose your (PHI) protected health information to public health for legal authorities charged with preventing or controlling disease, injury, or disability.

**Law Enforcement:** Aisthetikos, Inc. may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Individuals have the right under HITECH to restrict certain disclosures to health plans for payment or health care operations regarding services for which the individual has paid in full out of pocket.

Affected individuals have the right to be notified following a breach of unsecured protected health information.

This Practice is prohibited from selling individuals' protected health information without their authorization

**Please be aware that due to Federal privacy laws and regulations, ALL request for ANY information from your medical record MUST be in writing and accompanied by your picture ID.**

**The Federal Government makes these policies mandatory. If you disagree with the HIPPA regulations, please notify your county or state legislator, as the medical industry has no control over their content, and compliance is mandatory.**

**I ACKNOWLEDGE THAT I HAVE READ AND BEEN OFFERED A COPY OF THE NOTICE OF PRIVACY PRACTICES FOR AISTHETIKOS, INC. RELATIVE TO HIPPA.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*To Be Filled Out By An Aisthetikos Associate:*

**I ACKNOWLEDGE THAT I HAVE ANSWERED ANY QUESTIONS THAT THE PATIENT HAS, AND OFFERED A COPY OF OUR NOTICE OF PRIVACY PRACTICES RELATIVE TO HIPPA.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1501 Superior Avenue, Suite 303 • Newport Beach, CA 92663 • T 949.642.7600 • F 949.642.7606  
680 Guzzi Lane, Suite 201 • Sonoma, CA 95370 • T 209.536.1785 • F 209.536.1607

**www.AisthetikosInc.com**

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