

# REYNOLDS PLASTIC SURGERY

5550 Painted Mirage Road, Suite 217  
Las Vegas, NV 89149  
Phone: 702-410-9800 Fax: 702-924-1520

## NOTICE OF PRIVACY PRACTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION.

If you have any questions regarding this notice, you may contact our privacy officer at:

Address: 6460 Medical Center Street  
Suite 350  
Las Vegas, Nevada 89148

Telephone: 702-410-9800

Fax: 702-924-1520

### I. YOUR PROTECTED HEALTH INFORMATION

Reynolds Plastic Surgery is required by the federal privacy rule to maintain the privacy of your health information that is protected by the rule, and to provide you with notice of your legal duties and privacy practices with respect to your protected health care information. We are required to abide by terms of the notice currently in effect.

Generally speaking, your protected health information is any information that relates to your past, present or future physical or mental condition, the provision of healthcare to you, or payment for health care provided to you, and individually identifies you or reasonably can be used to identify you. Your medical and billing records at our practice are examples of information that usually will be regarded as your protected health information.

### II. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

#### A. Treatment, payment, and health care operation

This section describes how we may use and disclose your protected health information for treatment, payment, and health care operations purposes. The descriptions include examples. Not every possible use or disclosure for treatment, payment and health care operations purposes will be listed.

##### 1. Treatment

We may use and disclose your protected health information for treatment purposes as well as the treatment purposes of other health care providers. Treatment includes the provision, coordination, or management of health care services by one or more health care providers. Some other examples of the treatment used and disclosure include:

- We may page you in the waiting room when it is time for you to go to an examination room.
- We may contact you by telephone to remind you of your appointment.

##### 2. Payments

We may use and disclose your protected health information for our payment purposes as well as the payment purposes of other health care providers and health plans. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you or so you can obtain reimbursement for that care, for example, submission of a claim form to your health insurer.

##### 3. Health care operations

We may use and disclose your protected health information for our health care operation purposes as well as certain health care operation purposes of other health care providers and health plans. Some examples of health care operation purposes include:

- Quality assessment and improvement activities
- Health care fraud and abuse detection and compliance programs

#### B. Uses and disclosures for other purposes

We may use and disclose your protected health information for other purposes. This section generally describes those purposes by category.

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- 1. Individuals involved in care or payment for care-** such as a spouse.
- 2. Notification purposes-** to notify a family member, a personal representative, or another person responsible for your care.
- 3. Required by law or law enforcement purposes-** when required by federal, state, or local law. For example we may disclose protected health information in response to a court order or subpoena.
- 4. Public health activities-** For example filing communication disease reports with public health agencies.
- 5. Business associates-** Certain functions of the practice performed by a business associate such as an accounting firm, or a law firm. We may disclose protected health information to our business associates and allow them to create and receive protected health information on our behalf. For example we may share with our attorney information regarding your care and payment for your care in the event a legal situation occurs.

## **C. Uses and disclosures with authorization**

For all other purposes that do not fall under a category listed under section II (subsection A and B), we will obtain your written authorization to use or disclose your protected health information. Your authorization can be revoked at any time except to the extent that we have relied on the authorization.

## **III. PATIENT PRIVACY RIGHTS**

### **A. Further restriction on use or disclosure**

You have a right to request that we further restrict use and disclosure of your protected health information to carry our treatment, payment, or health care operations, to someone who is involved in your care or the payment for your care, or for notification purposes. We are not required to agree to a request for further restriction.

To request a further restriction, you must submit a written request to our privacy office. The request must tell us: (a) what information you want restricted; (b) how you want the information restricted; and (c) to whom you want the restriction to apply.

### **B. Confidential communication**

You have the right to request that we communicate your protected health information to you by a certain means or at a certain location. For example, you might request that we only contact you by mail or at work. We are not required to agree to requests for confidential communication that are unreasonable. To make a request for confidential communications, you must submit a written request to our privacy officer. The request must tell us how or where you want to be contacted. In addition, if another individual or entity is responsible for payment, the request must explain how payment will be handled.

### **C. Accounting of disclosures**

You have a right to obtain, upon request, an "accounting" of certain disclosures of your protected health information by us (or a business associate for us). This right is limited to disclosures within six years of the request and other limitations. Also in limited circumstances we may charge you for providing the accounting. To request an accounting, you must submit a written request to our privacy officer. The request should designate the applicable time period.

### **D. Inspection and copying**

You have the right to inspect and obtain a copy of your protected health information that we maintain in a designated records set. This is subject to limitations and we may impose a charge for the labor and supplies involved in providing copies.

To exercise your right to access you must submit a written request to our privacy officer. The request must: (a) describe the health information to which access is requested, (b) state how you want to access the information, such as inspection, pick-up of copy, mailing copy, (c)

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specify requested form or format, such as paper copy or an electronic means, and (d) include the mailing address, if applicable.

**E. Right to amendment**

You have a right to request that we amend protected health information that we maintain about you in a designated records set if the information is incorrect or incomplete. This right is subject to limitations. To request an amendment, you must submit a written request to our privacy officer. The request must specify each change that you want to provide a reason to support each requested change.

**F. Paper copy of privacy notice**

You have the right to receive, upon request, a paper copy of our Notice of Privacy Practices.

## **IV. CHANGES TO THIS NOTICE**

We reserve the right to change this notice at any time. We further reserve the right to make any changes effective for all protected health information that we maintain at the time of change- including information that created or received prior to the effective date of the change.

## **V. COMPLAINTS**

If you believe that we have violated your privacy rights, you may submit a complaint to the practice or the Secretary of Health and Human Services. To file a complaint with the practice, submit the complaint in writing to our privacy officer. We will not retaliate against you for filing a complaint.

## **VI. LEGAL EFFECT OF THIS NOTICE**

This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.