

ARKOULAKIS PLASTIC SURGERY

Notice of Privacy Policy

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

It is the policy of this office to protect the confidentiality, integrity and security of the protected health and personal information of our patients, and to prevent unauthorized access to, or the use or disclosure of such information. In compliance with the Health Insurance Portability and Accountability Act (HIPPA), a law enacted by Congress in 1996, we are required to maintain the privacy of your health information and provide you with this notice of our duties and obligations. This policy applies to those who are current or former patients.

Individually identifiable health and personal information is any information obtained by Dr. Arkoulakis in connection with providing treatment, obtaining payment, and related healthcare operations. This relates to past, present, or future information that is received from you as our patient.

Dr. Arkoulakis collects personal information in order to learn about your medical history, render treatment, and collect payment for our services. We gather this information from your patient forms, health questionnaires, and other forms you will be asked to complete from time to time. In addition, we will assemble information based on our discussions and conversations with you, your personal representative, and your family members. Your healthcare plan or insurance carrier may also provide information to our office.

We will use this information to provide caring and quality medical care to you. Examples include diagnosis, treatment, and communications such as follow-up and appointment reminders, as well as treatment alternatives or other health-related benefits. As part of our standard treatment and healthcare operations, we may share information with a facility such as a hospital, laboratory, diagnostic service, or healthcare provider to efficiently coordinate your treatment plan. For contracted insurers, your information will be used for claims management and to obtain payment from your insurance carrier. As required by your insurance contractor, we will exchange paper and electronic data for activities such as eligibility, benefit and coverage determinations, pre-certification, utilization review and related activities. For worker's compensation, information about a work-related condition can be exchanged with your employer.

Your information is maintained in our office practice management computer system. We also maintain information about you in your medical chart. We limit access to your protected health information to those employees and associates who need to know that information. With some limitations, you have the right to inspect, amend, copy and receive an accounting of disclosures of your medical and billing records.

We do not disclose personal information to third parties unless one of the following exceptions applies:

Reconstructive and Aesthetic Surgery Of the Face, Breast & Body

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- We receive explicit authorization from you to release individually identifiable information. This authorization must be in writing and give exact details regarding to whom the disclosure applies, and the nature of the data to be released. You may revoke this authorization by providing a written statement to our Privacy Officer.
- Public health activities, such as reporting disease or collection of vital statistics, require release of information under state or federal law. This may include release of information to entities such as medical examiners, funeral directors, and organ and tissue procurement organizations.
- Health oversight, including civil and criminal proceedings, inspections, and audits. Health information may be released to law enforcement officials pursuant to a warrant, subpoena, or order issued by a judicial officer.
- Medical emergencies, where written consent cannot reasonably be obtained.

If at any time in the future, it is necessary to disclose any of your personal information in a way that is materially different from this policy, we will give you notice of the change through a mailed announcement or on your visit following the change.

With some limitations, you have the right to access your medical records and amend the information if it is incorrect or incomplete. All requests must be received in writing. Fees may be charged for reasonable administrative costs, as well as photocopying and postage. Furthermore, any request to amend information may be denied if the information in your medical record is accurate and complete.

Other uses of protected health information:

- Your medical information may be reviewed for possible inclusion in research studies. You will be contacted prior to the use of your information in any research study.
- We may leave a message on your answering machine or voice mail to contact you about appointments or to have you call our office.

Dr. Arkoulakis is committed to the highest level of care and service in a comfortable and confidential setting. Because we value our patients, we are dedicated to continually reviewing our policies and practices in an effort to better serve our family of patients. If you have any concerns regarding this policy or its implementation, please ask to speak with our practice's HIPPA Officer.

**Reconstructive and Aesthetic Surgery Of the Face, Breast &
Body**