

**Salem Surgical Associates
Allura M.D. Laser Aesthetics
Notice of Privacy Practices**

This Notice describes how medical information about you may be used and disclosed and how you can get access to that information. Please review it carefully.

Effective Date: April 14, 2003

This Notice of Privacy Practices describes how we may use and disclose your protected health information (“PHI”). It also describes your rights to access and control your PHI. PHI is any recorded or oral information about you, including demographic data, that may identify you or be used to identify you, related to your past, present, or future physical or mental health or condition, and the provision of health care to you, or the past, present, or future payment for the provision of health care to you. We understand that PHI about you is personal and confidential. We are committed to protecting the privacy of PHI. This Notice applies all of the PHI generated or created by the practice. It also applies to all employees of the practice who may have access to or are required to use your PHI for any of the purposes described in this Notice, as well as persons having a business associate agreement with the practice. We reserve the right to revise or amend this Notice. Any revision or amendment will be effective for all of your records. Before we make a significant change in our policies, we will amend this Notice and post the new Notice in the waiting area. You may request a written copy of our most current Notice at any time.

We are required by law to:

- Make sure that your PHI is kept confidential;
- Give you this Notice of our privacy practices with respect to PHI about you;
- Abide by the terms of this Notice as currently in effect.

Uses and Disclosures of PHI

The following describes ways that we are permitted to use and disclose your PHI. For each category we will explain what we mean and give you some examples. Not every use or disclosure is listed and the examples are not exhaustive. This explanation is provided for your general information only. Disclosure of your PHI for the purposes described in this Notice may be made in writing, orally, or electronically, by facsimile or by any other means.

1. Treatment, Payment and Health Care Operations:

- a. Treatment:** Our practice may use and disclose PHI about you to provide, coordinate, or manage your treatment and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, or an x-ray. In addition, we may use and disclose PHI about you when referring you to another health care provider. We may also disclose PHI about you for the treatment activities of another health care provider. For example, we may send a report about your care to another physician you see so that the other physician may treat you.
- b. Payment:** Our practice may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may also disclose PHI to another health care provider or to a practice or health plan that is required to comply with the Privacy Rule for the payment activities of that health care provider, practice, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.
- c. Health Care Operations:** Our practice may use and disclose your PHI to operate our business. Health care operations include activities that allow us to improve the quality of care we provide and to reduce health care costs. For example, we may use PHI about you to develop ways to assist our physicians and staff in deciding how we can improve the medical treatment we provide to others. We may combine PHI about many of our patients to decide what additional services we should offer, what services our not needed, and whether certain new treatments are effective. We may also disclose information to practice personnel for training programs. We may combine the PHI we have with PHI from other providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may sometimes remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning who the specific patients are. We may also provide your PHI to our accountants, attorneys, consultants and others in order to operate the practice and to make sure we are complying with the laws that affect us.

We may also disclose PHI to another covered entity for certain health care operations of that entity, if the entity either has or had a relationship with you, such as a treatment relationship, and if the PHI pertains to such relationship. Such disclosure is limited to certain activities, protocol development, care coordination, contacting health care providers and patients with information about treatment alternatives, reviewing the competency and qualifications of health care professionals, conducting

training programs, accreditation, certification, licensure or credentialing activities. For example, we may provide PHI to a hospital for the purpose of determining the qualifications of, or otherwise credentialing physicians requesting or renewing medical staff privileges.

Business Associates: We may use or disclose your PHI in order for third party “business associates” to perform various activities involving treatment, payment or operations on behalf of our practice. However, whenever an arrangement between the practice and a business associate involves the use or disclosure of your PHI, we will have a written contract, as and when required by law, that contains terms to protect the privacy of your PHI.

2. Uses and Disclosures of Your PHI Beyond Treatment, Payment and Health Care Operations Permitted Without Your Authorization or Opportunity to Object:

- a. Required by Law:** Our practice may use and disclose your PHI as required by federal, state, or local law.
- b. Public Health Activities:** Our practice may use or disclose PHI to public health authorities that are authorized by law to collect or receive information related to public health activities. Such activities generally include the following:
 - To report child abuse or neglect;
 - To prevent or control disease, injury, or disability;
 - To notify a person regarding potential exposure to a communicable disease;
 - To notify a person regarding a potential risk of spreading or contracting a disease or condition;
 - To report reactions to drugs or problems with products or devices;
 - To notify individuals of recalls of products they may be using;
 - To report vital events such as births and deaths
- c. Health Oversight Activities:** Our practice may use and disclose your PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure, and disciplinary activities to monitor the health care system, government health care programs, and compliance with certain laws. This does not include disclosure for investigation and which do not arise out of the receipt of health care, a claim for public health benefits or the qualification for receipt of public health benefits or services.
- d. Lawsuits and Administrative Proceedings:** Our practice may use or disclose your PHI when required by a court or administrative order. We may also disclose your PHI in response to a discovery request, subpoena, or other required legal process, but only if efforts have been made by the party requesting the information to advise you of the request or to obtain

an order protecting the information requested. We may also use such information to defend ourselves or any personnel of the practice in any actual or threatened action.

- e. **Law Enforcement:** Our practice may release PHI if asked to do so by a law enforcement official:
- Regarding a crime victim if the individual agrees and, under limited circumstances, where we are unable to obtain the person's agreement;
 - Concerning a death we believe has resulted from criminal conduct;
 - Regarding a crime or suspected crime committed at our practice;
 - In response to a warrant, summons, court order, subpoena, or other similar legal process;
 - To identify or locate a suspect, material witness, fugitive, or missing person;
 - About certain types of wounds or physical injuries as required by law; or
 - In emergency circumstances to report a crime, including the nature of the crime, the location of the crime or the victim, or the identity, description or location of the person who committed the crime.
- f. **Coroners, Medical Examiners and Funeral Directors:** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual, determine cause of death or perform other duties authorized by law. We also may disclose PHI to funeral directors as necessary to perform their duties.
- g. **Organ and Tissue Donation:** If you are an organ donor, our practice may release your PHI to organizations that help procure, locate, and transplant organs in order to facilitate organ, eye, or tissue donation and transplantation.
- h. **Research:** Under certain circumstances, we may use and disclose PHI about you for research purposes regarding medications, efficiency of treatment protocols and the like. All research projects are subject to an approval process, which evaluates a proposed research project and its use of PHI. Before we use or disclose PHI for research, the project will have been approved through this research approval process by an Institutional Review Board ("IRB") or a Privacy Board. We will obtain an Authorization from you before using or disclosing your PHI unless the authorization requirement has been altered or waived by the IRB or Privacy Board. If reasonably possible, we may make the information non-identifiable to a specific patient. If the information has been sufficiently de-identified, an Authorization for the use or disclosure is not required. If we obtain certain representations from the researcher, we may use and disclose PHI about you for the researcher to prepare protocols preparatory to research.
- i. **Serious Threats to Health or Safety:** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety, or the health and safety of another individual or the

public. Under these circumstances, we will only make disclosures to a person or organization that is able to help prevent the threat.

- j. Treatment Alternatives:** Our practice may use and disclose PHI about you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- k. Health-Related Benefits and Services:** Our practice may use and disclose PHI about you to tell you about health-related benefits or services that may be of interest to you.
- l. Appointment and Patient Reminders:** We may use and disclose PHI about you to contact you as a reminder of an appointment or periodic care. This contact may be made by phone, in writing, automated appointment system, e-mail or otherwise and may involve leaving an email or message over an answering machine, which could (potentially) be received or intercepted by others.
- m. Emergency Situations:** Our practice may use and disclose PHI about you to an organization assisting in a disaster relief effort or in an emergency situation so that your family or others can be notified about your general condition and location or death.
- n. Victims of Abuse, Neglect and Domestic Violence:** We may use and disclose PHI about you to notify appropriate government authorities if we believe you have been a victim of abuse, neglect or domestic violence, but we will only make this disclosure: (i) if you agree; (ii) when required by law; or (iii) when authorized by law and certain other conditions are met.
- o. Victims of a Crime:** Our practice may disclose your PHI if asked by a law enforcement official, if (i) you are suspected to be a victim of a crime, (ii) you agree to the disclosure or (iii) we are unable obtain your agreement because of incapacity or other emergency circumstances. However, the law enforcement official must represent that the information is needed to determine whether a violation of law by a person other than you has occurred, and the information is not intended to be used against you, that immediate law enforcement activity depends on the disclosure and would be materially and adversely affected by waiting until you are able to agree, and we determine that the disclosure is in your best interest in the exercise of professional judgment.
- p. Inmates:** If you are inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI about you to the correctional institution or law enforcement official. This disclosure may be necessary (i) for the institution to provide you with health care; (ii) to protect your health and safety or the health and safety of others; or (iii) for the safety and security of the correctional institution.
- q. Incidental Disclosures:** Our practice may use and disclose PHI about your incident to otherwise permitted or required uses and disclosures.
- r. Specialized Government Functions:** Under certain circumstances we may disclose PHI:
 - For national security and intelligence activities authorized by the National Security Act;

- For certain military and veterans activities, including determination of eligibility for veterans for benefits and where deemed necessary by military command authorities; and
 - To authorized federal officials so they may provide protective services to the President, other authorized persons or foreign heads of state or conduct special investigations
- i. **Worker’s Compensation:** Our practice may use and disclose PHI as authorized by workers’ compensation laws or other similar programs that provide benefits for work-related injuries or illness without regard to fault.
 - j. **Disclosures Required by HIPAA:** We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with HIPAA.
3. **Uses and Disclosures Permitted Without Authorization But With Your Opportunity to Object:**
- a. **Disclosures to Family, Friends or Others Involved in Your Care:**
 We may disclose your PHI to your family members, to a close personal friend or other person that you identify if it is directly relevant to the person’s involvement in your care or payment related to your care. We may also disclose PHI concerning your location, condition or death in connection with trying to locate or notify family members or others involved in your care. Generally, we will obtain your verbal agreement before using or disclosing PHI in this way. However, under certain circumstances, such as in an emergency situation, we may make these uses and disclosures without your express agreement if we feel, in the exercise of professional judgment, that it is in your best interest.
 - b. **Objection to Disclosures:**
 You may object to these disclosures by indicating the names and relationship of individuals that you do not want to receive your medical information on the “Acknowledgement of Receipt of Privacy Practices” form. If you are present and do not object to these disclosures, or if you are present and we can infer from the circumstances that you do not object, or if you are not present or able to object and we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person’s involvement with your care, we may disclose your PHI for such purpose.
4. **Uses and Disclosures Which You May Authorize:**
 Other uses and disclosures of PHI not described above or in the laws that apply to us will be made only with your written authorization. If you provide us with a written authorization to use or disclose PHI about you, you may revoke that authorization, in writing, at any time to the extent that we haven’t already taken any action relying on the authorization. If you revoke your authorization, we will no longer disclose PHI about you pursuant to that revoked authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided you.

5. **Your Rights Regarding Your PHI:** Under federal law, you have the following rights regarding PHI about you:
- a. **Right to Request Alternative Communications:** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may request that we contact you at home rather than at work. You must make your request in writing to our Privacy Officer. Your request must specify how or where you would like to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
 - b. **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI that we use or disclose about you for treatment, payment, and health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request** unless the disclosure is to a health plan, would have been made in the course of carrying out the practice's payment or healthcare operations, and the protected health information pertains solely to a health care item or service for which the practice has been paid out-of-pocket in full. If we do agree, we are bound by our agreement except when otherwise required by law or necessary to treat you in an emergency. In order to request a restriction in our use or disclosure of your PHI, please complete a "Request for Limitations and Restrictions of PHI Form" which is available upon request, and return it to our Privacy Officer. We may terminate any agreement to a restriction if: (i) you agree to or request the termination in writing; (ii) you orally agree to the termination and the oral agreement is documented; (iii) we inform you that we are terminating the agreement, except that such termination is only effective with respect to PHI created or received after we have so informed you.
 - c. **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your PHI that is contained in a "designated record set." A "designated record set" contains medical and billing records and any other records that the practice uses for making decisions about your care. To inspect and copy PHI in your designated record set, please complete a "Request to Inspect and Copy PHI" form and return it to our Privacy Officer. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor, and supplies used in meeting your request. You will not be charged a search fee for the records. In the event that the practice maintains an electronic health record, you may request an electronic copy of the information. We will respond to you within 15 days after receiving your written request. We may deny your request to inspect and copy PHI only in limited circumstances, including where a licensed health care professional has determined in his/her professional judgment that access would reasonably

be likely to endanger the life or physical safety of you or another person, or where the requested information makes reference to another person, and the licensed health care professional determines, in the exercise of professional judgment, that the access requested is reasonably likely to cause harm.

- d. Right to Amend:** You have the right to request that we amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, please obtain a “Request for Correction of PHI” form from our office and complete it. We may deny your request if you ask us to amend information that is, in our opinion,; (a) accurate and complete; (b) not part of the “designated records set” kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
- e. Right to Receive an Accounting of Disclosures:** You have the right to request an “accounting” of disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to six years other than disclosures made: for treatment, payment, and health care operations; for use in or related to a facility directory; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative; for certain notification purposes; and disclosures made before April 14, 2003. If you wish to make such a request, please contact our office and complete a “Request for an Accounting of Certain Disclosures” form. The first list you request in a 12-month period will be free, but we may charge for our reasonable costs of providing additional lists in the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
- f. Right to Provide an Authorization for Other Uses and Disclosures:** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.
- g. Right to a Paper Copy of this Notice:** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, please contact our office.
- h. Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our office please contact:
Courtney Johnston, Privacy Officer

1898 Braeburn Drive
Salem, VA 24153
(540)772-3008

Our office will not retaliate or take action against you for filing a complaint.

6. **Questions:**

If you have any questions about this Notice or our health information privacy policies, please contact our Privacy Official at the address and telephone number listed below.

7. **Privacy Official Contact Information:**

You may contact our Privacy Official at the following address and phone number:
Courtney Johnston
1898 Braeburn Drive
Salem, VA 24153
(540)772-3008.