



ADVANCED CENTRE  
for PLASTIC SURGERY  
*and medical day spa*  
JAMES A. MATAS, M.D.

### **NOTICE OF PRIVACY PRACTICES – HIPAA GUIDELINES**

- This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully and feel free to ask us any questions.
- At the Advanced Centre for Plastic Surgery, we have always kept your health information secure and confidential. A new law now requires us to continue maintaining your privacy, to make you aware of how we maintain your privacy and to follow the terms of this notice as required by law.
- The law permits us to use or disclose your health information to those involved in your treatment. For example, a radiologist who is performing a mammogram or an internist who must clear you in preparation for surgery.
- By signing this notice, you authorize Dr. Matas to disclose complete information concerning his medical findings and treatment from the initial consultation until the conclusion of treatment to those individuals who are required to receive such information for the purpose of medical treatment, medical quality assurance and peer review as required by law.
- We may use or disclose your health information for our normal healthcare operations. For example, one of our team members will enter your information into our computer system.
- We may use your information to contact you. For example, we may send newsletters or other information. We may also call and remind you about your appointments or treatments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone.
- In an emergency situation, or for regular follow up after surgery, we may disclose your health information to a family member or another person designated as responsible for your care. For instance, we may give them instructions on correct aftercare following your surgery.
- We may release some or all of your health information when required by law. For example: our facility is required to allow an external peer review of delivery of medical care to our patient's by an outside source. Except as described above, this practice will not use or disclose your health information without your prior written authorization.
- You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request. You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.
- As we will need to contact you from time to time, we will use whatever address, telephone number or email address you prefer. We ask that you update this information periodically.

-PLEASE TURN OVER FOR SIGNATURE-

- We may take clinical photography of you before and after your surgery to document the changes made. We may also take photography of you for the purposes of computer imaging, in order to demonstrate the possible changes that surgery could make. We will not publish or release your photographs, under any circumstances, without your express written consent and specific authorization to do so.
- You have the right to transfer copies of your health information to another practice. Once this request is made in writing, we will mail your files for you.
- You have the right to see and receive a copy of your health information. Simply give us a written request regarding the information you want to see. If you want a copy of your records and/or photographs, we may charge you a reasonable fee for the copies.
- You have the right to request an amendment or change to your personal and/or health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you requested, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add your information.
- You have the right to receive a copy of this notice.
- Should you feel we have violated your privacy, you may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, Washington, D.C. 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint, we request that you contact Lisa Matas, our Administrator at 407-345-8145.
- This notice goes into effect as of April 14, 2003.

### **ACKNOWLEDGEMENT**

I have read and understand the Notice of Privacy Practices.

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Signed

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Date