**SILK PLASTIC SURGERY, LLC**

**NOTICE OF PRIVACY PRACTICES**

**Effective Date: July 1, 2024**

This Notice describes how your medical information may be used and disclosed, and how you can access it. Please review it carefully.

**WHO WILL FOLLOW THIS NOTICE?**
This notice describes the practices of Silk Plastic Surgery, LLC (SPS) and applies to all SPS workforce members handling your medical information.

**OUR PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION**
Silk Plastic Surgery, LLC is committed to protecting your medical information. We maintain our records and conduct our treatment environment with the goal of providing the highest level of protection while delivering quality medical care. This notice applies to all medical records received or created by SPS. Other medical providers may have different policies.

**USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**
By becoming a patient, you consent to SPS using your protected health information (PHI) for:

* **Treatment:** To provide, coordinate, or manage your health care.
* **Payment:** To obtain payment for services rendered, including sending information to your insurance company.
* **Health Care Operations:** To manage and improve our practice, including audits and quality assessments.

**OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

* **Appointment Reminders:** We may contact you to remind you of appointments. Requests for confidential communication should be made in writing.
* **Involvement in Your Care:** We may share information with family or friends involved in your care or in disaster relief efforts.
* **Emergency Situations:** In emergencies, we may use or disclose your information to provide necessary care.
* **Health-Related Benefits or Services:** We may inform you about health-related benefits or services that may interest you.
* **Required by Law:** We will disclose your PHI when required by federal, state, or local laws.
* **Public Health Activities:** Disclosures to public health authorities for disease control or injury prevention.
* **Communicable Diseases:** To inform individuals at risk of exposure to communicable diseases.
* **Health Oversight Activities:** To agencies overseeing health care systems, benefit programs, and civil rights laws.
* **Abuse or Neglect:** To authorities regarding child abuse or neglect, or if you are a victim of abuse.
* **FDA:** To report adverse events or other issues to the Food and Drug Administration.
* **Lawsuits and Disputes:** In response to court or administrative orders, or legal processes.
* **Law Enforcement:** To comply with law enforcement requests or for national security purposes.
* **Research:** For research purposes, with appropriate safeguards for privacy.
* **Criminal Activity:** To prevent or lessen serious threats to health or safety, or for law enforcement purposes.
* **Workers’ Compensation:** For benefits related to work-related injuries or illnesses.

**YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION**

* **Right to Inspect and Copy:** Request access to your medical records. Fees may apply.
* **Right to Request Restrictions:** Request limits on how your PHI is used or disclosed. We are not required to agree to all requests.
* **Right to Confidential Communications:** Request private communication methods.
* **Right to Amend:** Request corrections to your medical information. Contact our HIPAA Officer for procedures.
* **Right to an Accounting of Disclosures:** Request a list of disclosures made for purposes other than treatment, payment, or health care operations.
* **Right to a Paper Copy:** Obtain a paper copy of this Notice at any time.

**CHANGES TO THIS NOTICE**
We reserve the right to change this Notice and make it effective for all PHI, including information we have about you. The updated Notice will be posted on our website and will have the effective date noted.

**COMPLAINTS**
If you feel that your privacy rights have been compromised, you can submit a complaint to the HIPAA Officer at Silk Plastic Surgery or to the Secretary of the Department of Health and Human Services. Please note that complaints must be submitted in writing, and you will not face any penalties for doing so.

**OTHER USES OF PROTECTED HEALTH INFORMATION**
Any uses not covered by this Notice will be made only with your written authorization. You may revoke your authorization in writing at any time, but we cannot take back disclosures already made.

**QUESTIONS?**
For questions, contact Silk Plastic Surgery HIPAA Officer at 404-777-9791 or visit our website at www.silkplasticsurgery.com

**SILK PLASTIC SURGERY, LLC**

**PATIENT ACKNOWLEDGEMENT FORM**

Our Notice of Privacy Practices (Notice) provides information on how we may use and disclose your protected health information. You have the right to review this Notice before signing this acknowledgment. As indicated in the Notice, its terms may change. If changes occur, you may obtain a revised copy.

By signing this form, you:

1. Acknowledge that you have been informed of the uses and disclosures of your protected health information as described in our Notice.
2. Confirm that you have received a copy of our Notice.
3. Understand the contents of our Notice and how it applies to you.
4. Have had all your questions regarding the Notice answered.

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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