



PLASTIC SURGERY

Moises Salama M.D.

Board Certified Plastic Surgeon

www.epsmiami.com

Elite Plastic Surgery LLC

Summary of our Notice of Privacy Practices

This summary of our Notice of Privacy Practices applies to patients and, as applicable, their parent(s), legal guardians or other authorized personal representatives.

Who Will Follow The Notice Of Privacy Practices:

This Notice describes the privacy practices of Elite Plastic Surgery LLC and all of its members.

Our Pledge Regarding Patient Information:

We understand that patient information about you is personal. We are committed to protecting the confidentiality of your patient information. Our complete Notice of Privacy Practices describes how we may use and disclose your patient information without your written authorization to provide treatment, obtain payment for services, conduct our health care operations, or for other purposes that are permitted or required by law. When required by law, we will obtain your authorization before using or disclosing any of your patient information. It also describes your rights to access and control your patient information. "Patient information" is information that may identify the patient and that relates to the patient's past, present or future physical or mental health or condition and related health care services or payment for such services.

This is a list of some of the types of uses and disclosures of protected health information (PHI) that may occur:

Treatment: We obtain health information, or PHI, about you to treat you. Your PHI is used by us and others to treat you. We may also send your PHI to another physician, facility, or counselor to which we refer you for treatment, care, procedures, or testing. We may also use your PHI to contact you to tell you about alternative treatments, or other health-related benefits we offer. If you have a friend or family member involved in your care, we may give them PHI about you.

Payment: We use your PHI to obtain payment for the services that we render. For example, we send PHI to Medicaid, Medicare, or your insurance plan to obtain payment for our services.

Health Care Operations: We use your PHI for our operations. For example, we may use your PHI in determining whether we are giving adequate treatment to our patients. From time-to-time, we may use your PHI to contact you to remind you of an appointment.

Legal Requirements: We may use and disclose your PHI as required or authorized by law. For example, we may use or disclose your PHI for the following reasons:

Public Health: We may disclose your health information to prevent or control disease, injury or disability, to report births and deaths, to report reactions to medicines or medical devices or to report suspected cases of abuse or neglect.

Health Oversight Activities: We may use and disclose your PHI to state agencies and federal government authorities when required to do so. We may use and disclose your health information in order to assist others in determining your eligibility for public benefit programs and to coordinate delivery of those programs.



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Judicial and Administrative Proceedings: We may use and disclose your PHI in judicial and administrative proceedings.

Law Enforcement: We may use and disclose your PHI in order to comply with requests pursuant to a court order, warrant, subpoena, summons, or similar process. We may use and disclose PHI to locate someone who is missing, to identify a crime victim, to report a death, to report criminal activity at our offices, or in an emergency.

Avert a Serious Threat to Health or Safety: We may use or disclose your PHI to stop you or someone else from getting hurt.

Work-Related Injuries: We may use or disclose PHI to an employer if the employer is conducting medical workplace surveillance or to evaluate work-related injuries.

Coroners, Medical Examiners, and Funeral Directors: We may use or disclose PHI to a coroner or medical examiner in some situations.

Armed Forces: We may use or disclose the PHI of Armed Forces personnel to the military for proper execution of a military mission. We may also use and disclose PHI to the Department of Veterans Affairs to determine eligibility for benefits.

National Security and Intelligence: We may use or disclose PHI to maintain the safety of the President or other protected officials. We may use or disclose PHI for the conduct of national intelligence activities.

Correctional Institutions and Custodial Situations: We may use or disclose PHI to correctional institutions or law enforcement custodians for the safety of individuals at the correctional institution, those that are responsible for transporting inmates, and others.

Research: You will need to sign an Authorization form before we use or disclosure PHI for research purposes except in limited situations.

Fundraising: We do not currently, but if in the future we begin fundraising or marketing activities for which we would access PHI, we need your authorization to do so.

Immunizations: If we obtain and document your verbal or written agreement to do so, we may release proof of immunization to a school where you are a student or prospective student.

Illinois law: Illinois law also has certain requirements that govern the use or disclosure of your PHI. In order for us to release information about mental health treatment, genetic information, your AIDS/HIV status, and alcohol or drug abuse treatment, you will be required to sign an Authorization form unless state law allows us to make the specific type of use or disclosure without your authorization.

Your Rights Regarding Patient Information About You:

You have the following rights regarding patient information we maintain about you:

- ☑☑ Right to receive a copy of our complete Notice of Privacy Practices
- ☑☑ Right to inspect and copy patient information in your medical or billing records



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- ☑☑Right to request an amendment of patient information in your medical or billing records
- ☑☑Right to an accounting of certain disclosures made by us
- ☑☑Right to communicate with us via alternative means or have communications sent to alternative locations
- ☑☑Right to request restrictions on how we use or disclose your patient information
- ☑☑Right to receive an accounting of disclosures we have made of your PHI.
- ☑☑Right to revoke an authorization given to us

Although you have these rights, we may deny your requests if they do not meet certain requirements. We are required to obtain your written Authorization when we use or disclose your PHI in ways not described in this Notice.

If you feel that your privacy rights have been violated, you may file a complaint with us by calling our Privacy Officer at 224.330.6300. We will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services in Washington, DC if you feel your privacy rights have been violated.

If you have any questions about this Notice, your privacy rights described above or believe your privacy rights have been violated, please contact Elite Plastic Surgery LLC or you may file a complaint with the Director of the Office for Civil Rights of the U.S. Department of Health and Human Services.

I have read the above summary of Privacy Notice for Elite Plastic Surgery LLC and I agree to the terms listed above.

Print Name _____

Signature:_____ **Date:** _____

Parent or Legal Guardian

Child _____ **DOB:** _____ **Child** _____ **DOB:** _____

Child _____ **DOB:** _____ **Child** _____ **DOB:** _____