

**NOTICE OF PRIVACY PRACTICES FOR FARHAD RAFIZADEH, M.D., P.C.**  
Effective September 23, 2013

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

If you have any questions about this notice, please ask to speak to our Privacy Officer at (973) 267-0928.

This notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability Act (HIPAA). It described how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. You have the right to approve or refuse the release of specific information outside of our practice except when the release is required or authorized by law or regulation.

**ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE** - You will be asked to provide a signed acknowledgement of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement we will continue to provide your treatment, and will use and disclose your protected health information in accordance with law.

**OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION** - "Protected health information" is individually identifiable health information and includes demographic information and relates to your past, present, or future physical and mental health or condition and related health care services. Our practice is required by law to do the following:

1. Keep your protected health information private.
2. Present to you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
3. Follow the terms of the notice currently in effect.
4. Communicate to you any changes we may make in the notice.
5. Notify you immediately if a breach of your unsecured PHI occurs

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future.

**HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION** - Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

**Required Uses and Disclosures** - By law we must disclose your health information to you unless it has been determined by a health care professional that it would be harmful to you. Even in such cases, we may disclose a summary of your health information to certain of your authorized representatives specified by you or by law. We must also disclose health information to the Secretary of the U.S. Department of Health and Human Services for investigations or determinations of our compliance with laws on the protection of your protected health information.

**Treatment** - We will use and disclose your protected health information to provide, coordinate or manage your health care and related services. This includes the coordination or management of your health care with a third party. For example, we may disclose your protected health

information from time-to-time to another physician or health care provider, who at the request of your physician, becomes involved in your care. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions.

In emergencies we will use and disclose your protected health information to provide the treatment you require.

**Payment** - Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities we may need to undertake before your health care insurer approves or pays for the health care services recommended for you, such as determining eligibility or coverage for benefits. For example, obtaining approval for a surgical procedure might require that your relevant protected health information be disclosed to obtain approval to perform the procedure at a particular facility. We will continue to request your authorization to share your protected health information with your health insurer or third party payer.

**Health Care Operations** - We may use or disclose as needed, your protected health information to support our daily activities related to providing health care. These activities include billing, collection, quality assessment, licensing, and staff performance and reviews. For example, we may disclose your protected health information to a billing agency in order to prepare claims for reimbursement for the services we provide to you. We may call you by name in the waiting room when your physician is ready to see you. We may disclose your protected health information as necessary to contact you to remind you of your appointment.

We will share your PHI with other persons or entities who perform various activities for our practices. These business associates of our practice will also be required to protect your health information. We may use or disclose your PHI as necessary to provide information about treatment alternatives or other health related benefits and services that might interest you. For example your name and address might be used to send you a newsletter about our practice and our services.

**Required by Law** - We may use or disclose your PHI if law requires the use or disclosure.

**Public Health** - We may disclose your PHI to a public health authority who is permitted by law to collect or receive the information. For example, the disclosure may be necessary to prevent or control disease, injury or disability, report births, or report reactions to medications or problems with products.

**Communicable Diseases** - We may disclose your PHI if authorized by law to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight** - We may disclose your PHI to a health oversight agency for activities authorized by law. Such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other regulatory programs or civil rights laws.

**Food and Drug Administration** - We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, track products, enable product recalls, make repairs or replacement, or conduct post marketing review, as required.

**Legal Proceedings** - We may disclose your PHI during any judicial or administrative proceeding, in response to a court order or administrative tribunal and uncertain conditions, in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement** - We may disclose your PHI for law enforcement purposes, including responses to legal proceedings, information requests for identification and location, and circumstances pertaining to victims of a crime.

**Coroners, Funeral Directors, and Organ Donations** - We may disclose your PHI to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose PHI to funeral directors as authorized by law. PHI may be used for cadaveric organ, eye or tissue donations.

**Research** - We may disclose PHI to researchers when authorized by law.

**Threat to Health or Safety** - Under applicable Federal and State laws, we may disclose your PHI to law enforcement or another health care professional if we believe in good faith that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security** - When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel for activities believed necessary by appropriate military command authorities to ensure the proper execution of the military mission, including determination of fitness for duty, or to a foreign military authority service. We may also disclose PHI to authorized federal officials for conducting national security and intelligence activities including services to the President.

**Workers' Compensation**- We may disclose your PHI to comply with workers' compensation laws and other similar legally established programs.

**Inmates**- We may use or disclose your PHI under certain circumstances, if you are an inmate of a correctional facility.

**Marketing**- We may contact you to give you information about products or services that may be of interest to you or for coordination of care. We will not otherwise use, sell, or disclose your medical information for marketing purposes without your written consent.

**Parental Access**- State laws concerning minors permit or require certain disclosure of PHI to parents, guardians, and persons acting in a similar status. We will act consistently with the laws of this state and will make disclosures following such laws.

#### USES AND DISCLOSURES OF PHI REQUIRING YOUR PERMISSION

In some circumstances, you have the opportunity to agree or object to the use and disclosure of all or part of your PHI. Following are examples in which your agreement or objection is required.

#### **Individuals involved in your Healthcare-**

Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly related to that persons involvement in your healthcare. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose PHI to notify or assist in notifying a family member , personal

representative, or any other person who is responsible for your care, of your location, general condition, or death. Finally we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

#### YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You may exercise the following rights by submitting a request to our privacy officer. Please be aware that our practice may deny your request, however, in most cases you may seek a review of the denial.

**Right to Inspect and Copy-** You may inspect and / or obtain a copy of your PHI that is contained in your chart for as long as we maintain the PHI. You may be charged a fee for a copy of your record and we will advise you of the exact fee at the time of your request.

**Right to Request Restrictions-** You may ask us not to use or disclose any part of your PHI for treatment, payment or health operations. Your request must be made in writing to our privacy officer. You may revoke a previously agreed upon restriction, in writing at any time.

**Right to Request Alternative Confidential Communications-** You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests when possible.

**Right to Request Amendment-** If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your PHI as long as we maintain this information. While we accept requests for amendment, we are not required to agree to the amendment.

**Right to an Accounting of Disclosure-** You may request that we provide you with an accounting of the disclosures we have made of your PHI. This right applies to disclosures made for purposes other than treatment payment or health care operations as described in this notice and excludes disclosures made directly to you, to others pursuant to an authorization from you, to family members or friends involved in your care, or for notification purposes. The accounting will only include disclosures made on or after April 14, 2003, and no more than 6 years prior to the date of your request.

**Right to Obtain a Copy of This Notice-** You may obtain a paper copy of this notice from us by requesting one or review it or download it at our practice website at [www.betterplasticsurgery.com](http://www.betterplasticsurgery.com).

**Special Protections -** This notice is provided to you as a requirement of HIPAA.

**Complaints-** If you believe these privacy rights have been violated, you may file a written complaint with our Privacy Officer or with the U.S. Department of Health and Human Services for Civil Rights. We will provide this address upon request.

**Contact Information -** You may reach our Privacy Officer by calling (973)-267-0928 or by Email at: [Kelli@DrRafizadeh.com](mailto:Kelli@DrRafizadeh.com)