



HIPAA PRIVACY STATEMENT FOR PATIENTS

Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this notice will inform you how health information about you, as a patient of Medical Aesthetics of New England, P.C., may be used and disclosed, and how you can obtain access to your Individually Identifiable Health Information.

OUR COMMITMENT TO YOUR PRIVACY

Medical Aesthetics of New England, P.C. is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. We will make this form available on our website and in our office, and you may request a copy of our most current Notice at any time.

WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING MANNER:

- **TREATMENT:** IIHI may be used and disclosed to help us determine treatment or to assist others in your treatment. We may use your IIHI to write a prescription, or disclose your IIHI to a pharmacy when we order any prescriptions for you. IIHI may be used and disclosed to other health care providers for purposes related to your treatment. IIHI may be disclosed to others who may assist in your care, such as your spouse, children or parents.
- **PAYMENT:** IIHI may be used and disclosed in order to bill and collect payment for services and items you may receive from us. Your health insurer may be contacted to certify that you are eligible for benefits and determine what range of benefits, and your insurer may be provided with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. IIHI may be used to bill you directly for services and items, and IIHI may be used and disclosed to obtain payment from third parties that may be responsible for these costs, such as family members. IIHI may be disclosed to other health care providers and entities to assist in their billing and collection efforts.
- **HEALTH CARE OPERATIONS:** IIHI may be used and disclosed to operate our business. IIHI may be used to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. IIHI may be disclosed to other health care providers and entities to assist in their health care operations.
- **APPOINTMENT REMINDERS:** IIHI may be used and disclosed to contact you and remind you of an appointment.
- **TREATMENT OPTIONS AND OTHER BENEFITS:** IIHI may be used and disclosed to inform you of potential treatment options or alternatives, as well as other health-related benefits or services that may be of interest to you.
- **DISCLOSURES REQUIRED BY LAW:** IIHI may be used and disclosed when we are required to do so by federal, state or local law.

- **PUBLIC HEALTH RISKS:** IIHI may be disclosed to public health authorities that are authorized by law to collect information for the purpose of maintaining vital records; to report child abuse or neglect; to report elder abuse and neglect; to prevent or control disease, injury or disability; for notification regarding potential exposure to a communicable disease; for notification regarding a potential risk for spreading or contracting a disease or condition; reporting reactions to drugs or problems with products or devices; notification of product recall; notification of employers under limited circumstances related primarily to workplace injury or illness or medical surveillance.
- **HEALTH OVERSIGHT ACTIVITIES:** IIHI may be disclosed to a health oversight agency for activities authorized by law, such as investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- **LAWSUITS AND SIMILAR PROCEEDINGS:** IIHI may be disclosed in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only after we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- **LAW ENFORCEMENT:** IIHI may be disclosed to a law enforcement official in response to a warrant, summons, court order, subpoena or similar legal process; to identify/locate a suspect, material witness, fugitive or missing person; in connection with criminal conduct at our offices; regarding a crime victim; concerning a death we may have reason to believe has resulted from criminal conduct; in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).
- **DECEASED PATIENTS** IIHI may be disclosed to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. IIHI may also be released to a funeral director.
- **SERIOUS THREATS TO HEALTH AND SAFETY:** IIHI may be used and disclosed 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 able to help prevent the threat.
- **MILITARY:** IIHI may be disclosed if you are a veteran or member of U.S. or foreign military forces and required by the appropriate authorities.
- **NATIONAL SECURITY:** IIHI may be disclosed to federal officials for intelligence and national security activities authorized by law. IIHI may be disclosed to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- **WORKER'S COMPENSATION:** IIHI may be disclosed for worker's compensation and similar programs.

YOUR RIGHTS REGARDING YOUR IIHI

You have the following rights regarding the IIHI that we maintain about you:

- **CONFIDENTIAL COMMUNICATION:** You have the right to request that Medical Aesthetics of New England, P.C. communicate with you about your health and related issues in a particular manner or at a certain location, such as contacting you at home, rather than work. To request confidential communication, you must make a written request to Jasmin Taliadouros, Medical Aesthetics of New England, P.C., 274-2A Great Road, Acton, MA 01720, specifying either the requested method of contact, or the location where you wish to be contacted. You do not need to give a reason for your request.
- **REQUESTING RESTRICTIONS:** You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. You also have the right to request that we restrict our disclosure of your IIHI to only 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; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. To request confidential communication, you must make a written request to Jasmin Taliadouros, Medical Aesthetics of New England, P.C., 274-2A Great Road, Acton, MA 01720. Your request must clearly describe (a) the information you wish restricted; (b) whether you are requesting to limit Medical Aesthetics of New England, P.C.'s use, disclosure or both; and (c) to whom you want the limits to apply.

- **INSPECTION AND COPIES:** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you and your treatment, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Jasmin Taliadouros, Medical Aesthetics of New England, P.C., 274-2A Great Road, Acton, MA 01720 to inspect and/or obtain a copy of your IIHI. Medical Aesthetics of New England, P.C may charge a fee for the costs associated with your request. Medical Aesthetics of New England, P.C may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct that review.
- **AMENDMENT:** You may request to 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, you must submit your request in writing to Jasmin Taliadouros, Medical Aesthetics of New England, P.C., 274-2A Great Road, Acton, MA 01720, and provide us with a reason that supports your request for amendment. Medical Aesthetics of New England, P.C 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 IIHI kept by or for the practice; (c) not part of the IIHI 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.
- **ACCOUNTING OF DISCLOSURES:** All of our patients have the right to request an accounting of disclosures, which is a list of certain non-routine disclosures Medical Aesthetics of New England, P.C. has made of your IIHI for non-treatment, non-payment or non-operations purposes. Use of your IIHI as part of the routine patient care in our practice does not require documentation. In order to obtain an accounting of disclosures, you must submit your request in writing to Jasmin Taliadouros, Medical Aesthetics of New England, P.C., 274-2A Great Road, Acton, MA 01720. All requests for an accounting of disclosures must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before June 30, 2006. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Medical Aesthetics of New England, P.C. will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
- **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 paper copy of this notice, contact Jasmin Taliadouros, Medical Aesthetics of New England, P.C., 274-2A Great Road, Acton, MA 01720 AT 978-262-1406.
- **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 practice, contact Jasmin Taliadouros, Medical Aesthetics of New England, P.C., 274-2A Great Road, Acton, MA 01720. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- **RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER PURPOSES AND DISCLOSURES:** Medical Aesthetics of New England, P.C. 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 IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

If you have any questions regarding this notice or our health information privacy policies, please contact Jasmin Taliadouros, Medical Aesthetics of New England, P.C., 274-2A Great Road, Acton, MA 01720, 978-263-1406.