REVITALIZE
PLASTIC SURGERY & MEDICAL SPA

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Effective Date: December 1, 2024

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

We are permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operations. Protected health information ("PHI") is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

We may use your health information to help us advise you of your options, including healthcare options.

Depending on your form of payment, we may submit requests for payment to your health insurance company and/or financial institutions. The health insurance company (or other business associate helping us obtain payment) may request information from us regarding health care given. We may provide information to them about you and the care given.

We may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

You have a Right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request to us. We are not required to grant the request, but we will comply with any request granted to the best of our ability.
- Request a restriction on disclosures of health information to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment; and the PHI pertains solely to a health care service for which the provider has been paid out of pocket in full). We must comply with this request.
- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information ("Notice") by making a request to us.
- Request that you be allowed to inspect and copy your health record and billing record. You may exercise this right by delivering the request to us. There may be a fee for providing such information.
- Appeal a denial of access to your protected health information, except in certain circumstances.

- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to us. We may deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the health information kept by us; is not part of the information that you would be permitted to inspect and copy; or, is accurate and complete. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to us.
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to us. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in a facility directory or to family members or friends relevant to that person's involvement in your care or in payment for such care; or, uses or disclosures to notify family or others responsible for your care of your location, condition, or your death.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to us except to the extent information or action has already been taken. If you want to exercise any of the above rights, please contact our HIPAA Privacy Officer, at (248)524-0620 in person or in writing, during regular, business hours. She will inform you of the steps that need to be taken to exercise your rights.

We are Required to:

- Maintain the privacy of your health information as required by law.
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you.
- Abide by the terms of this Notice.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our Notice.

To Request Information or File a Complaint:

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact our HIPAA Privacy Officer at (248)524-0620.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint by delivering the written complaint to the Practice, attention Office Manager, at 201 W. Big Beaver Rd, Suite 1130, Troy, MI 48084. You may also file a complaint with the Secretary of Health and Human Services, whose website for that is https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment from us.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Other Uses:

- Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice.

Confidentiality of your medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

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Patient or Legally Authorized Individual Signature Date

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Printed Name/Name if Signed on Behalf of Patient Relationship