

Effective Date of this Notice: April 14, 2003

NOTICE OF PRIVACY PRACTICES

Argyle Plastic And Reconstructive Surgery – John A.G. Sampson, M.D.

As required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

A. Our COMMITMENT TO YOUR PRIVACY

Our practice 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 have in effect at the time.

We realize that these laws are complicated; but we must provide you with the following important information.

How we may use and disclose your IIHI

Your privacy rights in your IIHI

Our obligations concerning the use and disclosure of your IIHI

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. Our practice will post a copy of our current notice in our offices in a visible location at all times, and you may request a copy of our most current notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT:

John A.G. Sampson, M.D. 1514 Fourth Street, Jackson, Michigan
49203, (517) 780-0080

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your IIHI:

1. Treatment. Our practice may use your IIHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice-including, but not limited to, our doctors and nurses, may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents.

Finally, we may also disclose your IIHI to other health care providers for purposes related to your treatment.

2. Payment. Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collections efforts.

3. Health Care Operations. Our practice may use and disclose your IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your IIHI to evaluate the quality of care you receive from us, or to conduct cost management and business planning activities for our practice. We may disclose your IIHI to other health care providers and entities to assist in their health care operations.

4. Appointment Reminders. Our practice may use and disclose your IIHI to contact you and remind you of an appointment.

5. Treatment Options. Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.

6. Health Related Benefits And Services. Our practice may use and disclose your IIHI to inform you of health related benefits or services that may be of interest to you.

7. Release of Information to Family/Friends. Our practice may release your IIHI to a friend or family member that is involved with your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the doctor's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.

8. Disclosures Required By Law. Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:

D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information.

1. Public Health Risks. Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:

maintaining vital records, such as births and deaths

reporting child abuse or neglect

preventing or controlling disease, injury, or disability

notifying a person regarding potential exposure to a communicable disease

notifying a person regarding potential risk for spreading or contracting a disease or condition

reporting reactions to drugs or problems with products or devices

notifying individuals if a product or device they may be using has been recalled

notifying appropriate government agency(ies) and authority (ies) regarding the potential abuse or neglect of an adult patient (including domestic violence), however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information

notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities. Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, 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.

3. Lawsuits and Similar Proceedings. Our practice may use and disclose your IIHI 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 if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement: We may release I/HHI if asked to do so by a law enforcement official:
Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
Concerning a death we believe has resulted from criminal conduct
Regarding criminal conduct at our office

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 an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Serious Threats To Health Or Safety. Our practice may use and disclose your I/HHI 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.

6. Military. Our practice may disclose your I/HHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

7. National Security. Our practice may disclose your I/HHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your I/HHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

8. Inmates. Our practice may disclose your I/HHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary, (a) for the institution to provide health care services to you (b) for the safety and security of the institution, and (c) to protect your health and safety or the health and safety of other individuals.

9. Worker's Compensation. Our practice may release your I/HHI for worker's compensation and similar programs.

E. Your rights regarding you I/HHI. You have the following rights regarding the I/HHI that we maintain about you.

1. Confidential Communications. You have the right to request that our practice communicate with you about health and related issues in a particular manner or at a certain location. For instance you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to **John A.G. Sampson, M.D. at the address of the office at which you are seen**, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request. You will also, however need to remind us of this **EACH TIME WE NEED TO CONTACT YOU**. If you call us and ask us to call you, we will call you at the number you give us. We will leave a message that we called with whomever answers the phone, if you cannot be reached or are not there. In general, we will contact you unsolicited to remind you of or to cancel an appointment. For this purpose we will ask you for a number to call when you make your appointment. We will leave a message with whoever answers the phone or on the answering machine. If you do not wish us to call you, **TELL US THIS AND DO NOT LEAVE A NUMBER**, but then we will not be able to remind you or cancel an appointment, if needed. **THOUGH IT HAS ALWAYS BEEN, IS NOW, AND ALWAYS WILL BE YOUR RESPONSIBILITY TO MAKE YOURSELF AWARE OF THE RESULTS OF ANY LAB TESTS AND BIOPSIES** by scheduling a return appointment, at times, if the results are important to your health, we MIGHT send you a note in an envelope telling you of such result and the importance of making an appointment. This note will be sent to your home address. If you wish it sent to a different address, please tell us as you are checking out of the office and we will ask you for your preferred address in writing. You will need to remind us of this alternative address. **EACH TIME YOU HAVE A LAB OR BIOPSY DONE. NEVER GIVE US A NUMBER WHERE YOU CANNOT BE CONTACTED OF WHERE A MESSAGE CANNOT BE LEFT SAFELY**. If we get a phone request for information by someone purporting to be you, we have no way to verify it is you on the line. Yet we must be able to give information over the phone to efficiently run the office. Thus consider not telling anyone you do not completely trust that you had a lab test, or are under treatment, or by whom. If they do not know, they can't inquire! **PLEASE NOTE: THIS LAW SEVERELY IMPEDES OUR ABILITY TO ALWAYS TELL/WARN YOU ABOUT EVEN VERY CRITICAL HEALTH INFORMATION BY MAIL OR PHONE OR TO INFORM YOUR FAMILY. THE RESPONSIBILITY TO FIND RESULTS OUT THUS BECOMES MUCH MORE YOURS!**

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your I/HHI for treatment, payment or health care operation. Additionally, you have the right to request that we restrict our disclosure of your I/HHI 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 not agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your I/HHI, you must make your request in writing to **John A.G. Sampson, M.D. at the address of the office where you are seen**. Your request must describe in a clear and concise fashion: (a) the information you wish restricted and whether you are requesting to limit our practice's use, disclosure or both; and (b) to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the I/HHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to **John A.G. Sampson, M.D. at the address of the office where you are seen** in order to inspect and/or obtain a copy of your I/HHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice 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 reviews.

4. Amendment. You may ask us 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, your request must be made in writing and submitted to **John A.G. Sampson, M.D. at the address of the office where you are seen**. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is not in our opinion; (a) accurate and complete; (b) not part of the I/HHI kept by or for that practice; (c) not part of the I/HHI 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.

5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your I/HHI for non-treatment, non-payment or non-operations purposes. Use of your I/HHI as part of your routine patient care in our practice is not required to be documented. For example the doctor-sharing information with the nurse; or the billing department using our information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to **John A.G. Sampson, M.D. at the address of the office where you are seen**. 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 April 14, 2003. 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. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request.

6. 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 the office where you are seen.

7. 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 **John A.G. Sampson, M.D. at the address of the office where you are seen**. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. Right to Provide an Authorization for Other Uses and Disclosures.

Our practice 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 I/HHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your I/HHI for the reason described in the authorization. Please note, we are required to retain records of your care.