# **Notice of Privacy Policies**

# Scottdale Plastic Surgery, LLC James M. Nachbar, MD, FACS

- This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Although our office is not a HIPAA Covered Entity, we follow State Privacy Laws, and we take your privacy seriously.
- This notice is effective January 1, 2023
- This notice applies to Scottsdale Plastic Surgery, LLC, and the office of James M. Nachbar, MD,
   FACS
- The privacy official is James M. Nachbar, MD, FACS
- You may also contact any other staff member with privacy concerns or requests.

# **Your Rights**

You have the right to:

- Have your medical and other information treated confidentially
- Get a copy of your medical record
- Ask us to limit the information we share
- Get a copy of this privacy notice

### Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or tell you about health-related services available to you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

# **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### Get a copy of your medical record

- You can ask to see or get a copy of your medical record and other health information we have about you. Ask us how to do this.
- In general, you may personally obtain an electronic copy of your record, including any photographs, without charge.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- You can ask us to stop sending text messages and/or email messages. You can also stop text
  messages by texting STOP to 480-289-5300.
- We will say "yes" to all reasonable requests.

## Get a copy of this privacy notice

You can ask for a copy of this notice at any time. We will provide you with a copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

# **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

## **Our Uses and Disclosures**

# How do we typically use or share your health information?

We typically use or share your health information in the following ways.

# **Treat you**

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

## **Contact you**

We can contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or tell you about health-related services available to you.

#### Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

# How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

## Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### Do research

We can use or share your information for health research.

# Comply with the law

We will share information about you if state or federal laws require it.

## Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

#### Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

# Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

# Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

# **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will not use or share your information other than as described here unless you tell us we can in writing.

# **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.