

Kevin Mayfield Plastic Surgery, LLC
8230 Beckett Park Drive, Suite B
West Chester, OH 45069

Notice of Privacy Practices

Version 2

Effective Date: April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read this Notice carefully.

The following is the privacy policy of Kevin Mayfield Plastic Surgery, LLC as described in the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, commonly known as HIPAA. HIPAA requires us to maintain the privacy of your personal health information and to provide you with notice of our legal duties and privacy policies with respect to your personal health information. We are required by law to abide by the terms of this Privacy Notice. If you have any questions about this notice, please contact our Practice Administrator at (513) 856-8100.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We are required by law to:

- make sure that your health information is kept private
- give you this notice of our legal duties and privacy practices
- follow the terms of the notice that is currently in effect

We understand that your health information is personal. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. We are committed to protecting this information. This notice will tell you about:

- the ways in which we may use and disclose your health information
- your rights
- our obligations regarding the use and disclosure of health information

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Generally, we may not use or disclose your personal health information without your permission. Further, once your permission has been obtained, we must use or disclose your personal health information in accordance with the specific terms of that permission. We may, however, use or share your health information in certain ways without your permission. The following are the circumstances under which we are permitted by law to use or disclose your personal health information. We are not able to list each specific way we may use or share your health information, but each situation will fall into one of the basic types of situations below:

For Treatment. It is important that we be able to use or share your health information to treat you. We may share your health information with doctors, nurses, technicians, medical students, nursing students, or other personnel who need that information to provide you with health care services, or to assist us in treating you. Examples of treatment activities include:

- The provision, coordination, or management of health care and related services by health care providers
- Consultation between health care providers relating to a patient
- The referral of a patient for health care from one health care provider to another

We may also disclose your health information to other people or entities involved in your health care, such as home care providers, pharmacies, and/or drug or medical device experts.

For Payment. We may use or share your health information so that we may bill and be paid for providing medical care to you. We may share information with other providers, an insurance company, or a third party. We may share your information with another provider so that they may be paid for services as well. For example, we may need to give your health plan information about care you received at Kevin Mayfield Plastic Surgery, LLC so your health plan will pay us or reimburse you for the care. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will pay for the treatment.

For Healthcare Operations. We may use and share your health information within and among our staff in order to provide medical care. These uses and disclosures are necessary to run the medical practice and to ensure that all of our patients receive quality care. For example, we may contact you in order to determine your level of satisfaction with our services or to see how you are doing after your treatment. We may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about our patients to decide what additional services we should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, student trainees and other medical personnel for review and learning purposes. We may combine the medical information we have with medical information from other medical providers to compare how we are doing and to see where we can make improvements in the care and services we offer. When we share information with other health care providers for this type of comparison, we remove information that identifies you from this set of medical information so others may use it to study healthcare and healthcare delivery without learning who you are.

Contacting You. We may use and disclose medical information to contact you about appointments for treatment or medical care and other matters. We may contact you by mail, telephone, or email. For example, we may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

Health-Related Benefits and Services. We may use and disclose medical information about you to tell you about treatment options and health-related products or services at Kevin Mayfield Plastic Surgery, LLC that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a family member or other designated person who is involved in your medical care. We may also give information to someone who helps pay for your care. For example, we may need to tell the person who comes to pick you up after a surgery, admission or appointment what he or she may need to do to help you once you get home. We may need to use or share information about you in order to inform your family or persons responsible for your care where you are and of your condition. In addition, we may disclose medical information about you to an agency assisting in a disaster relief effort so that your family can be notified about your condition, status and location. For example, if you are admitted in an emergency and your family does not know where you are, we may contact them to tell them. If you are part of a large disaster, such as a tornado or accident, we may coordinate with disaster relief agencies to contact your family.

SPECIAL SITUATIONS

Additional uses and disclosures for which authorization or opportunity to agree or object is not required by The Health Insurance Portability and Accountability Act (HIPAA).

As Required by Law. We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Organ and Tissue Donation. We may release medical information to organizations that handle organ, tissue and eye procurement as necessary, to facilitate organ, tissue and eye donation and transplantation. These organizations may review death charts to determine compliance with federal and state regulations related to donation, procurement and requests for transplantation.

Workers' Compensation. We may release medical information to Workers' Compensation, as required by workers' compensation laws. This program provides benefits for work-related injuries or illnesses.

Public Health Risks. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting medical device safety issues and adverse events to the federal Food and Drug Administration's MedWatch program; and reporting disease or infection exposure.

Victims of Abuse, Neglect or Domestic Violence. We may disclose certain health information to government agencies authorized by law to receive reports of abuse, neglect or domestic violence if we believe that you have been a victim.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure.

Judicial and Administrative Proceedings. We may disclose your health information in the course of an administrative or judicial proceeding, such as in response to a court order.

Law Enforcement. We may release medical information to a law enforcement official if required or permitted by law.

Deceased Person Information. We may release medical information to a coroner or medical examiner or a funeral director as necessary to carry out their duties.

Specialized Government Functions. We may release medical information about you to authorized federal officials for national security and intelligence, military or veterans activities required by law.

USES OF MEDICAL INFORMATION THAT REQUIRE AUTHORIZATION

In all other situations (situations that are not treatment, payment, health systems operations or special situations, as we told you about above), we may only share information with your specific written authorization. You may revoke that authorization, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent that we already have used or disclosed your information.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Although the physical form of your medical information is the property of Kevin Mayfield Plastic Surgery, LLC, the information contained in those records is your information, and you have certain rights regarding that information. You have the following rights regarding medical information we maintain about you:

Right to Review and Copy. You have the right to inspect and obtain a copy of your completed health records unless we believe that disclosure of that information to you could harm you. Usually, this information includes medical and billing records, but does not include psychotherapy notes; information compiled for use in or created in anticipation of a civil, criminal or administrative action or proceeding; or certain lab test results subject to the Clinical Laboratories Improvement Act of 1988. You must submit your request to inspect or obtain a copy of the records in writing to the Practice Administrator at 8230 Beckett Park Drive, Suite B, West Chester, OH, 45069. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with processing your request. If we deny your request to inspect or obtain a copy of the medical records, you may appeal the denial.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend your medical records. You have the right to request an amendment for as long as the information is maintained. We may deny your request if you ask us to amend information that:

- is not part of the information which you would be permitted to inspect and copy
- was not created by us
- is not part of the medical information kept by or for Kevin Mayfield Plastic Surgery, LLC
- we believe is accurate and complete

You must submit your request in writing to the Practice Administrator at 8230 Beckett Park Drive, Suite B, West Chester, OH, 45069. Your request must specify the records you wish to amend and include a reason for your request. The Practice Administrator will respond to you within 60 days. We may deny your request; if we do, we will tell you why and explain your options.

Right to an Accounting of Disclosures. You have the right to request an accounting, which is a listing of the entities or persons (other than yourself) to whom Kevin Mayfield Plastic Surgery, LLC, has disclosed your health information without your written authorization. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. You must submit your request for an accounting of disclosures in writing to the Practice Administrator at 8230 Beckett Park Drive, Suite B, West Chester, OH, 45069.

Your request must:

- identify the time period of the disclosures. The time period cannot include more than six years of information, and cannot begin prior to April 14, 2003.
- indicate in what form you want the list (paper copy or electronic).

We will respond to you within 60 days. There will be no charge for the first list you request within a 12-month period. We will charge you for the costs of providing any additional lists. We will notify you of the cost involved. You may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. We are not required to agree to your request. You must make your request for any restrictions in writing to the Practice Administrator at 8230 Beckett Park Drive, Suite B, West Chester, OH, 45069. In your request, you must tell us (1) what information you want to restrict; (2) whether you want to limit the use or the disclosure of the information, or both; and (3) who should not receive the restricted information (for example, disclosures to your spouse). We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. You must make your request for confidential communications in writing to the Practice Administrator at 8230 Beckett Park Drive, Suite B, West Chester, OH, 45069. You need not tell us the reason for the request, and we will not ask. Your request must specify how or where you wish to be contacted. For example, if you wish to be contacted by telephone, be sure to provide an appropriate telephone number. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a paper copy of this Notice at our office, located at 8230 Beckett Park Drive, Suite B, West Chester, OH, 45069, or by calling the Practice Administrator at 513.856.8100. You may also review or print a copy of this notice on our web site at www.drkevinmayfield.com.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. Current copies of this notice will be available at our office. The current notice will also be posted at our web site at www.drkevinmayfield.com. The effective date of the notice will be posted on the first page.

COMPLAINTS

Kevin Mayfield Plastic Surgery, LLC is dedicated to ensuring your privacy rights, consistent with HIPAA. If you believe your privacy rights have been violated, you may file a complaint with Kevin Mayfield Plastic Surgery, LLC, or the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Kevin Mayfield Plastic Surgery, LLC, you must submit your complaint in writing to the Practice Administrator at 8230 Beckett Park Drive, Suite B, West Chester, OH, 45069. You will not be penalized for filing a complaint.