

Wendy-Ann M. Olivier, M.D., P.C.
Plastic & Reconstructive Surgery

NOTICE OF PRIVACY PRACTICES

This Privacy Notice describes the type of information our office gathers about you, with whom that information may be shared, and the safeguards we have in place to protect it. This notice describes your rights to access and amend your health information. If the practices described in this notice meet your expectations, there is nothing you need to do. If you prefer that we not share information, we may honor your written request, as described below. If you have any questions regarding this Privacy Notice, please contact our Privacy Officer at 917-492-6000.

Please review it carefully.

EFFECTIVE DATE: APRIL 14, 2011

How We May Use and Disclose Medical Information About You

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to nurses, technicians, medical students, or other personnel who are involved in taking care of you at Wendy-Ann M. Olivier, M.D., P.C. Wendy-Ann M. Olivier, M.D., P.C may share medical information about you to coordinate the different things you need, such as prescriptions, lab work, and x-rays. When necessary, we also may disclose medical information about you to people outside the facility who may be involved in your medical care, such as your primary care physician, and referring physician.

For Payment. Your protected health information will be used, as needed, to obtain payment for your health care services. For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery. 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 cover the treatment.

For Health Care Operations. We may use and disclose medical information about you as needed to run Wendy-Ann M. Olivier, M.D., P.C. on a daily basis and to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. When necessary, we may disclose information to our accountants, consultants, and other professionals who help us operate the facility.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment.

Individuals Who May Act on Your Behalf. We may release medical information about you to a personal representative, parent, or guardian. You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors, unless the minors are permitted by law to act on their own behalf.

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.

Workers' Compensation. We may release medical information about you to Workers' Compensation or similar programs.

Public Health Activities. We may share medical information about you for public health purposes with government organizations that are authorized to prevent the spread of disease, or to receive reports of certain medical conditions, births, deaths, abuse, neglect, and domestic violence. We will try to obtain your permission before releasing this information, except when we are required or authorized to act without your permission.

Special Protections for HIV, Alcohol and Substance Abuse, Mental Health, and Genetic Information. Special privacy protections apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information. If your care involves these special areas, please contact your health care providers or counselors for more information about these additional protections.

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

Legal Proceedings. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release medical information for law enforcement purposes.

Your Rights Regarding Your Medical Information

You have the following rights regarding medical information we maintain about you:

Right to Access and Copy. You have the right to request access to, and obtain a copy of, information that may be used to make decisions about you. Usually, this includes medical and billing records, but does not include psychotherapy notes or information pertaining to an ongoing clinical trial. To access and copy information that may be used to make decisions about you, please submit your request in writing.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend it. You have the right to request an amendment for as long as the information is kept by or for the facility. Please submit your request for amendment in writing. In addition, you must provide a reason to support your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures made of medical information about you. To request this list, please submit your request in writing. Your request may not include dates before April 14, 2003. Your request should indicate in what form you want the list.

Right to Request Restrictions. You have the right to request a restriction on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member or friend. For example, you could ask that we not use or disclose information about a medical procedure that you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, please submit your request in writing. In your request, please tell us: 1)What information you want to limit, 2)Whether you want to limit our use, disclosure or both, 3)To whom you want the limits to apply (for example, disclosures to your spouse).

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. To request confidential communications, please submit your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

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 obtained your Notice electronically, you are still entitled to a paper copy of this Notice.

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. We will post a copy of the current notice in the facility. The notice will contain the effective date on the first page.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer at 917-492-6000.

You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission use or disclose medical information about you, you may revoke that permission, 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. We are unable to take back any disclosures we have already made with your permission and that we are required to retain in our records the care that we provided to you.

Acknowledgement

By signing and dating the form below, I acknowledge that I have received a copy of the Wendy-Ann M. Olivier, M.D., P.C.'s Privacy Notice.

Patient's Name: _____

Patient's Signature: _____

Today's Date: _____

If executed by a patient's personal representative, please print your name in the space below

Personal Representative's Name: _____

Personal Representative's Signature: _____

FOR USE BY WENDY-ANN M. OLIVIER, M.D., P.C STAFF ONLY:

Patient refused to sign

Patient unable to sign

WAMO, M.D., P.C. Employee's Initials

Today's Date