

## HIPAA Statement

### NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### WE HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU.

We are required by law to protect the privacy and confidentiality of health information about you, which we call “protected health information,” or “**PHI**” for short. We are required to explain how we may use PHI about you and when we can give out PHI to others. You have rights regarding PHI about you as described in this Notice. We are required to follow the procedures in this Notice. We have the right to change our privacy practices and to make new Notice provisions effective for all PHI that we maintain by posting the revised notice at our location, making copies of the revised notice available upon request, and posting the revised notice on our website.

### HOW WE USE OR DISCLOSE PROTECTED HEALTH INFORMATION.

We must use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative).
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.
- Where required by law.

We have the right to use and disclose health information to pay for your health care and operate our business, and for your treatment by your health care providers. For example, we may use your health information:

- To provide health care treatment to you. We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. For example, we may use and disclose PHI about you when you need a prescription, lab work, an x-ray, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider.
- To obtain payment for services. We may use and give your medical information to others to bill and collect payment for the treatment and services provided to you.
- For health care operations. We may use and disclose PHI in performing business activities that allow us to improve the quality of care we provide and reduce health care costs. Examples include: reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients; reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you; providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills.

We may use or disclose PHI without your permission in the following limited circumstances:

- When required by law. For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- When necessary for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- For reporting of victims of abuse, neglect or domestic violence.
- For health oversight activities. For example, we may disclose PHI about you to a state or

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federal health oversight agency which is authorized by law to oversee our operations.

- For judicial and administrative proceedings. For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- For law enforcement purposes. For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- When the use and/or disclosure relates to decedents. For example, we may disclose PHI about you to a coroner or medical examiner as necessary to carry out their duties.
- To manage or coordinate your health care. This may include telling you about treatments, services, products and/or other health care providers.

### **MORE STRINGENT LAW**

Highly Confidential Information. Federal and applicable state laws may require special privacy protections for highly confidential information about you. "Highly confidential information" may include confidential information under Federal and State law governing alcohol and drug abuse information as well as state laws that often protect information such as that dealing with HIV/AIDS.

### **YOU HAVE THE RIGHT TO OBJECT TO CERTAIN USES AND DISCLOSURES OF PHI AND, UNLESS YOU OBJECT, WE MAY USE OR DISCLOSE PHI IN THE FOLLOWING CIRCUMSTANCES.**

We may share with a family member, relative, friend or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death.

If you would like to object to our use or disclosure of PHI about you in the above circumstances, please call our Privacy Officer listed below on this Notice.

### **ANY OTHER USE OR DISCLOSURE OF PHI ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION.**

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

### **YOU HAVE SEVERAL RIGHTS REGARDING PHI ABOUT YOU.**

You have the following rights regarding your health information. You may exercise each of these rights, in writing, by providing us with a completed form that you can obtain from the Privacy Officer, who can be reached by calling (484) 351-3260. In some instances, we may charge you for the cost(s) associated with providing you with the requested information. You may request to see and receive a copy of PHI by contacting: Privacy Officer, Center for Beautiful Bodies, 6363 Woodway, Suite 850, Houston, TX 77057.

1. Right to Inspect and Copy. You have the right to see and obtain a copy of your health records and other health information that may be used to make decisions about you. Immediate access to your records is not guaranteed. In certain limited circumstances, we may deny your request and you have a right to review such denial.

2. Right to Amend. You have the right to ask us to amend health information that we maintain about you if you believe that the information about you is wrong or incomplete. We may deny your request if it was not properly submitted or for other reasons. If we deny your request, you may have a statement reflecting your disagreement added to your file.
3. Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures of your health information made by us. We may charge a reasonable fee for the second request made by you within the same 12 months. This accounting will not include certain disclosures of PHI including those that we made to you or for purposes of treatment, payment or health care operations, incidental disclosures, or pursuant to a written authorization that you have signed.
4. Right to Request Restrictions. You have the right to request a restriction or limitation on how we use or disclose your health information. You also have a right to restrict disclosures to family members or others who are involved in your health care or payment for your care. Please note that while we will consider your request, we are not required to agree to any restriction.
5. Right to Request Confidential Communications. You have the right to request that we communicate with you in certain ways or at certain locations (for example, by sending information to a P.O. box rather than your home). We will accommodate all reasonable requests.
6. Right to a Paper Copy of this Notice. You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

## **QUESTIONS OR COMPLAINTS**

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our Privacy Officer who can be reached by calling 281-501-8357. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services (1-800-368-1019). All complaints must be submitted in writing.