

HIPAA Privacy Statement

THIS PRIVACY NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Please review this privacy notice carefully

Our commitment to your privacy:

Stephen Lober Plastic Surgery is committed to maintaining the privacy of your protected health information (PHI). As we provide treatment and services to you, we create records that contain your medical and personal information, referred to as protected health information, or PHI. As we provide treatment and services to you, we create records that contain your medical and personal information, referred to as protected health information. We need these records to provide you with quality care and to comply with various legal requirements. The terms of the Privacy Notice apply to all records containing your PHI that are created, received or retained by Stephen Lober Plastic Surgery. We are required by federal and state law to provide you with this Privacy Notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. Our goal is to provide the highest level of protection of your medical and other information that identifies you is kept private, while still providing you with the highest level of medical care.

Your other medical treatment providers (e.g. doctors, hospitals, home health agencies, etc.) may have different policies or notices regarding the use and disclosure of your medical information. This notice will tell you about the ways in which Stephen Lober Plastic Surgery may use and disclose medical information about you. Your medical information, also referred to as "protected health information" is personal information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health information and related health care services. In this notice, we also describe your rights and certain obligations Stephen Lober Plastic Surgery has regarding the use and disclosure of your protected health information.

WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS OR IN SPECIAL CIRCUMSTANCES:

The following categories describe and give some examples of the different ways in which we may use and disclose your PHI. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose PHI will fall within one of the categories listed below.

TREATMENT We may use your PHI to treat you. For Example, we may suggest that you have a diagnostic test and we may use the results to help us reach a diagnosis. Your PHI may be disclosed to the facility at which you have your diagnostic tests in order for the healthcare providers at such diagnostic facility to provide services to you. We might disclose your PHI to a pharmacy when we order a prescription for you.

PAYMENT We may use and disclose your PHI in order to bill and collect payment from you, an insurance company, or other designated third party payor, for the treatment and services we provide to you.

HEALTHCARE OPERATIONS We may use and disclose your PHI to operate our business such as to conduct quality assessment and improvement activities, review the performance of our healthcare professionals, or for general management or business planning for our practice. We may also remove identifying information from your health information so that it might be used by others to study healthcare without learning who specific patients are.

APPOINTMENT REMINDERS We may use and disclose your medical information to contact you and remind you of an appointment at the office.

TREATMENT OPTIONS We may use and disclose your PHI to provide information to you about treatment options or alternatives.

HEALTH-RELATED BENEFITS & SERVICES We may use and disclose your PHI to provide information to you about treatment options or alternatives.

RELEASE OF INFORMATION INVOLVED IN YOUR HEALTHCARE We may disclose to a friend or family member, or any other person you identify, your protected health information that directly relates to that person's involvement in your medical care. If you are unable to agree or object to this disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may also use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition, or death.

AS REQUIRED BY LAW We will disclose PHI when required to do so by federal, state or local law.

PUBLIC HEALTH RISKS We will disclose your PHI to public health or government authorities that are authorized by law to collect information for purposes such as, but not limited to, the following:

Maintaining vital records, such as births and deaths. Reporting child abuse or neglect. Preventing or controlling disease, injury or disability. Notifying a person regarding a potential risk for spreading or contracting a disease or condition. or may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition. Reporting reactions to drugs or problems with products or devices and adverse events. Notifying individuals if a product or device they may be using has been recalled to make repairs or replacement. Notifying the appropriate government agency and authority regarding potential abuse or neglect of an adult patient (including domestic violence), 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 required by law primarily relating to a workplace injury or illness or medical surveillance.

HEALTH OVERSIGHT ACTIVITIES We may disclose your PHI to a health oversight agency for activities authorized by law.

Oversight activities can include, investigations, inspections, audits, surveys, licensure and disciplinary actions or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system.

USES AND DISCLOSURES REQUIRED BY LAW We will use or disclose protected health information about you when required to do so by federal, state, or local law in response to a court order, subpoena, warrant, summons, or similar process. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if the law requires us to do so, of any such uses or disclosures. We must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the law. Other related disclosures may include disclosures relating to individuals who are Armed Forces personnel, to national security and intelligence agencies, as well as disclosures to authorized federal officials for the protection of the President of the United States or other authorized persons or foreign heads of state.

LAWSUITS & SIMILAR PROCEEDINGS If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court order or administrative order. We may also disclose protected health 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 PHI if asked to do so by law enforcement such as reporting certain types of wound or physical injuries as required by law. We can disclose regarding a person believed to be a crime victim in certain situations or of a death the healthcare professional suspects has resulted from criminal conduct at our office. We can disclose in response to a warrant, summons, court order, subpoena or similar legal process in addition to identify or locate a suspect, material witness,

fugitive or missing person. In a emergency, we can disclose and report a crime, (including location or victim(s) of the crime, or the description, identity or location of the perpetrator.)

CORONERS, MEDICAL EXAMINERS, & FUNERAL DIRECTORS We may release PHI about you to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties required by law. We may also disclose protected health information about you to a funeral director in order to permit the funeral director to carry out legal duties, and may do so if death is reasonably anticipated. Your protected health information may also be disclosed for certain organ donations to which you may have agreed to facilitate organ or tissue donation and transplantation.

SERIOUS THREATS TO HEALTH OR SAFETY We may use and disclose your PHI 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 and prevent the threat.

MILITARY If you are a member or veteran or U.S. or foreign military forces, we may release your PHI as required by the appropriate authorities.

INMATES If you are an inmate of a correctional institution, or under the custody of law enforcement officials, we may disclose your PHI to such correctional institutions or law enforcement officials. Disclosures is necessary to provide healthcare services to you, for the safety and security of the institution and/or to protect your health and safety of the health and safety of other individuals.

WORKER'S COMPENSATION We may release protected health information about you for Workers' Compensation or similar programs required by law. These programs provide benefits for work-related injuries or illnesses.

RESEARCH We may disclose your protected health information to researchers when their research has been approved and protocols have been established to ensure the privacy of your information. We may also disclose a limited set of your information, as allowed under the law, for research purposes.

EMERGENCY SITUATIONS We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician will attempt to obtain your acknowledgment of this Notice as soon as reasonably practicable after the delivery of treatment.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

RIGHT TO INSPECT & COPY

You have the right to inspect and copy protected health information that may be used to make decisions about your medical care. Usually this right includes both medical and billing records. You must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. Your request to inspect and copy your information may only be denied in very limited circumstances and you have a right to request that any such denial be reviewed. A licensed healthcare professional, who was not involved in the denial, will be chosen by us to conduct reviews of denials. We will comply with the outcome of the review.

RIGHT TO REQUEST RESTRICTIONS You have the right to request that we restrict the use and disclosure of your protected health information for treatment, payment and health care operations. 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 emergency treatment.

To request restrictions, you must make your request in writing to 2325 Prince Avenue Athens, GA 30606

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.

RIGHT TO CONFIDENTIAL COMMUNICATIONS You have the right to request that our practice communicate with you about your health and related issues in a particular manner. To receive private health information communications (such as appointment confirmations) by alternative means or at alternative locations. For example, you can ask that we only contact you at work, home or by mail. To request confidential communications, you must make your request in writing to Stephen Lober Plastic Surgery, 2325 Prince Avenue Athens, GA 30606. 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 AMEND If you feel that the protected health information we have about you is incorrect or incomplete, you have the right to request that your protected health information be amended. Only the health care entity (e.g., doctor, hospital, clinic, etc.) that created your protected health information is responsible for amending it. To request an amendment, your request must be in writing and submitted to Stephen Lober Plastic Surgery, 2325 Prince Avenue Athens, GA 30606.

RIGHT TO AN ACCOUNTING OF DISCLOSURES You have a right to an accounting of disclosures of your protected health information, for purposes other than treatment, payment or health care operations by Stephen Lober Plastic Surgery or any of the people or companies who perform treatment, payment or health care operations on our behalf. To request this list of disclosures we made of protected health information about you, you must submit a request in writing to 2325 Prince Avenue Athens, GA 30606. Your request must state a time period which may not be longer than six (6) years prior to the date of your request and may not include dates before July 1, 2019. Your request should indicate the form in which you want the list (for example, on paper or electronically). You will be charged for photocopying.

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. You may obtain a copy of this Notice at our website: <https://www.stephenloberplasticsurgery.com>. To obtain a paper copy of this Notice, contact 706.369.8440. To learn more about these procedures, or to make any of these requests, you should contact our Practice Manager at 706.369.8440.

CHANGES TO THE PRIVACY NOTICE Stephen Lober Plastic Surgery reserves the right to change or amend this notice. We reserve the right to make the revised or changed Notice effective for protected health information we already have about you, as well as any information we create or receive in the future. We will post a copy of the current Notice on the website of Stephen Lober Plastic Surgery and we will post a copy of our current notice in our office in a visible location at all times, and you may request a copy of our most current notice at any time.

COMPLAINTS If you believe your privacy rights have been violated and/or that Stephen Lober Plastic Surgery or Dr. Stephen Lober has not followed this policy, you may file a complaint with Dr. Stephen Lober's Practice Manager or with the Secretary of the Department of Health and Human Services. To file a complaint with Dr. Stephen Lober, contact the Practice Manager, 2325 Prince Avenue, Athens, GA 30606. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF PROTECTED HEALTH INFORMATION Other uses and disclosures of your protected health information not covered by this notice or the laws that apply to Dr. Stephen Lober will be made only with your written permission as an authorization. If you provide us permission to use or disclose protected health 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 protected health information about you for the reasons covered by your authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the medical treatment or other services that we have provided to you.

QUESTIONS If you have any questions regarding this notice, please contact the Practice Manager at Stephen Lober Plastic Surgery, 706.369.8440.