



Notice of Privacy Practices

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

This notice is being provided to you because we are required to provide it as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). For more information, please visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Effective Date: February 1, 2022

The Cohen Clinic for Plastic Surgery is committed to protecting your health information. We are legally required to do the following:

- Maintain the privacy and security of your protected health information.
- Follow the duties and privacy practices described in this Notice and give you a copy of it upon request.
- Not use or share your health information other than as described here unless you tell us we can in writing. If you grant us permission, you may change your mind at any time. You must let us know in writing if you change your mind.
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We will abide by the terms of this Notice currently in effect at the time of the disclosure. If you have any questions, please contact our office at 202-539-7016 or hipaa@cohenclinicdc.com.

How We May Use and Disclose Private Health Information About You

Treatment. We may use your health information for your care or treatment or to refer you to another provider. Treatment examples include, but are not limited to: consultations and appointments, referral to a home care aid, scheduling with an anesthesia provider or surgery center or calling in a prescription for you. Additionally, we may disclose your health information to others who may assist in your care, such as your spouse, children or parents, or to other health care providers for purposes related to your treatment.

Payment. We may use your information to seek payment for our services from you. Payment examples include but are not limited to: billing you directly for services and items, corresponding with third parties that may be responsible for your costs, such as family members, or coordinating with collection agencies. We may also disclose your health information to other health care providers and entities to assist in their billing and collection efforts.

Healthcare Operations. We may use and share your health information to run our practice, improve your care, and contact you when necessary. Healthcare operations include but are not limited to: internal quality control, including auditing of records, business planning or seeking accounting and legal services, or having medical residents, medical students, or other students observe or participate in your treatment as a part of their training.

Appointment reminders. We may use and disclose your health information to contact you and remind you of an appointment.

Treatment options. We may use and disclose your health information to inform you of potential treatment options or alternatives.

Release of information to family/friends assisting in your care. We may release your health information to a friend or family member that is involved in your care, or who assists in taking care of you. For example, you may wish to



bring a family member to your preoperative appointment or ask them to call us with post-operative care questions following your procedure. In this example, the family member may have access to this medical information.

Business Associates. We may share your information with our contractors and vendors who need patient information to work on our behalf. Examples include our electronic medical records system, requests for information, and legal services. Business associates sign contracts with us that require them to protect our patients' 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 – as long as we meet the conditions in the law first.

Disclosures required by law. We will use and disclose your health information when we are required to do so by federal, state or local law.

Public Health Risks. We may disclose your health information to public authorities that are authorized by law to collect information for certain purposes. This includes, for example, maintaining vital records, such as births and deaths, reporting abuse, exploitation, and neglect, preventing or controlling disease or notifying a person regarding potential exposure to a disease.

Health Oversight Activities. We may disclose your health information to authorities when authorized by law for oversight activities, such as, in response to government investigations, inspections or audits, or when necessary for the government to monitor compliance with health care regulations.

Lawsuits, Legal Proceedings and Law Enforcement. We may use and disclose your health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your health information in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. We may release your health information if asked to do so by a law enforcement official, for example regarding criminal conduct, in response to a warrant, summons or court order, to identify/locate a suspect, material witness, fugitive or missing persons.

Deceased patients. We may release health information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

Organ and tissue donation. We may release your health information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

Research. We may use and disclose your health information for clinical research purposes in certain limited circumstances. We will obtain your written authorization to use your health insurance for research purposes **except** when an Internal Review Board or Privacy Board has determined that the waiver of your authorization is appropriate. This could happen, for example, if the Board determines adequate controls are in place to ensure the privacy of your identifiable health information. We may also allow researchers to look at your health information to prepare for research, for example to determine if your information should be included in a research study, provided we obtain adequate written assurances that the health information will not be copied or disclosed to any other entity.

Serious threats to health or safety. We may use and disclose your health information 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 prevent the threat.

Military and National Security. We may disclose your health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities. We may also disclose your health information to federal officials for intelligence and national security activities authorized by law.



Workers' compensation. Our practice may release your health information for workers' compensation and similar programs.

De-identified Health Information. We may use your health information to create "de-identified" information that is not identifiable to any individual in accordance with HIPAA. We may also disclose your health information to a business associate for the purpose of creating de-identified information, regardless of whether we will use the de-identified information.

Limited Data Set. We may use your health information to create a "limited data set" (health information that has certain identifying information removed). We may also disclose your health information to a business associate for the purpose of creating a limited data set, regardless of whether we will use the limited data set. We may use and disclose a limited data set only for research, public health, or health care operations purposes, and any person receiving the limited data set must sign an agreement to protect the health information.

You May Tell Us Whether You Want Us to Make the Following Disclosures. If you are Unable to Give Your Preference, We May Share Your Information If We Feel It Is In Your Best Interest.

Family, Friends, and Others Close to You. You can give us the names and contact information of those involved in your care who you want to have access to your health information. You have the right to update your list of persons with access to your health information at any time.

Marketing. Generally, it is not considered "Marketing" if we send you a communication related to your treatment, care coordination, providers, or of healthcare related products and services offered by the Cohen Clinic. We will not sell your information for marketing by others. If you would like to opt out of emails concerning the Cohen Clinic, please contact us and let us know. With your written authorization, we may publish testimonials or before and after photos relating to our services. You may limit or withdraw your authorization *in writing* at any time.

You Have Rights Regarding Your Health Information.

Confidentiality. You have the right to request that our practice communicate with you about your health information in a particular manner or location. For example, you may ask us to contact you on your cell phone rather than at home, or request that we not leave voicemail messages or emails. In order to request a certain type of communication, you must do so in writing on our communications preferences form. You may change your preferences at any time.

The right to request limitations on how information is shared. You can request reasonable restrictions as to how your health information may be used or disclosed to carry out treatment, payment, or healthcare operations. For example, individuals who pay for their services out of pocket, in full, have the right to restrict disclosure of health information to their insurance plan if they wish. All requests must be in writing.

The right to access and get a copy of your health information. Although your medical record is the property of the Cohen Clinic, you are entitled to receive a copy of your medical record at any time. Under HIPAA and Virginia law (Va. Code 32.1-127.1:03), we are allowed to charge a fee for your record. You must sign our written request form in order for us to release your record to you or a party that you designate. We have 30 days to provide records once you have submitted the necessary written request.

The right to request changes to your medical record. You can ask us to correct health information about you that you think is incorrect or incomplete. You can contact us to find out how. We may not agree to your request, but we will tell you why within 30 days of receiving your request.

The right to authorize someone to act on your behalf. If someone is your legal guardian or you have given someone medical power of attorney, that person can exercise your rights and make choices about your health information.



The right to receive copy of this Notice. Cohen Clinic will provide you with a paper copy of the effective Notice at any time upon request, even if you have agreed to receive a copy electronically. We may change this notice at any time. The new notice will be available upon request, in our office, and on our website.

Accounting of disclosures. You have the right to request an “accounting of disclosures,” which is a list of certain non-routine disclosures our practice has made of your health information for purposes not related to treatment, payment or operations. Use of your health information as part of the routine patient care in our practice is not required to be documented – for example, the doctor sharing information with staff; or the billing department using your information to coordinate payment. In order to obtain an accounting of disclosures, you must submit your request in writing. Our practice will notify you of any costs involved with the requests, and you may withdraw your request before you incur any costs.

The right to provide an authorization for other uses and disclosures. We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your health information, beyond that which is required by law, may be revoked at any time *in writing*.

Complaints

If you are concerned that your privacy rights have been violated, or you disagree with a decision we made about access to your records, you may contact us at HIPAA@cohenclinicdc.com or 202-539-7016. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1- 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. It is the policy of Cohen Clinic that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance with standards.