

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Pledge Regarding Your Health Information

We understand that information about you and your health is confidential. We are committed to protecting the privacy of this information. Each time you visit The Center For Beauty(CFB); 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. This notice applies to all of the records of your care generated by CFB, whether made by health care personnel or Dr. Marialyn Sardo. This notice will tell you about the ways in which we may use and disclose health information about you, as well as certain obligations we have regarding the use and disclosure of health information. It also will describe your rights regarding your health information.

Our Responsibilities

Our primary responsibility is to safeguard your personal health information. We must give you this notice of our privacy practices, and follow the terms of the notice currently in effect.

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 health information we already have about you as well as any information we receive in the future.

How We May Use and Disclose Health Information About You

The following categories describe different ways that we use your

health information within CFB and disclose your health information to persons and entities outside of our office. We have not listed every use or disclosure within the categories below, but all permitted uses and disclosures will fall within one of the following categories. In addition, there are some uses and disclosures that will require your specific authorization.

Treatment: We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. We may disclose health information about you to doctors, nurses, technicians, or other allied health personnel who are involved in taking care of your medical needs during your visit with us. We may communicate information to other health care providers for the purposes of coordinating your continuing care. If you receive breast implants we may share your information with the implant manufacturer(s).

Payment: We may use and disclose your information to bill for services provided by our office and to obtain payment from you, an insurance company, a third party's such as the hospital, surgery center or anesthesia medical group. This may include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan.

Health Care Operations: Uses and disclosures of health information are necessary to operate our health care facility and to make sure all of our patients receive quality care. We may use and disclose relevant health information about you for health care operations. Examples include quality assurance activities, and post-discharge telephone calls to follow-up on your health status.

Appointment Reminders: We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at our office.

Special Situations That Do Not Require Your Authorization
State or federal law permits the following disclosures of your health information without verbal or written permission from you.

Military and Veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities.

Worker's Compensation: We may release health information about you for worker's compensation or similar programs if you have a work-related injury. These programs provide benefits to you for your work-related injuries.

Averting a Serious Threat to Health or Safety: We may use and disclose health information about you, when necessary, to prevent a serious threat to your health or safety or the health and safety of another person or the public. These disclosures would be made only to someone able to help prevent the threat.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Public Health Activities: We may disclose health information about you for public health activities. These generally include the following:

To prevent or control disease, injury or disability, To report births and deaths, To report child and adult abuse or neglect , To report reactions to medications, problems with products or other adverse events, To notify people of recalls of products they may be using, To notify a person who may have been exposed to a disease or may be at risk for

contracting or spreading a disease or condition.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

Law Enforcement: We may disclose health information if asked to do so by law enforcement officials for the following reasons:

In response to a court order, subpoena, warrant, summons or similar process ,To identify or locate a suspect, fugitive, material witness or missing person ,To identify the victim of a crime if, under certain circumstances, we are unable to obtain the person's authorization, To release information about a death we believe may be the result of criminal conduct, Criminal conduct at our facility, Emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Mortuaries: We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may release health information about patients at our facility to mortuaries as necessary to carry out their duties.

National Security and Intelligence Activities: We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Legal Requirements: We will disclose health information about you without your permission when required to do so by federal, state or local law.

Situations Requiring Your Verbal Agreement

Individuals Involved in Your Care or Payment for Your Care: We may disclose health information about you to a family member or friend who is involved in your medical care, unless you tell us in advance not to do so.

Situations Requiring Your Written Authorization

If there are reasons we need to use your information that have not been described in the sections above, we will obtain your written permission. This permission is described as an "authorization." If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons stated in your written authorization. Please understand that we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care we provide to you. Listed below are some typical disclosures that require your authorization.

Marketing: We will obtain your authorization for our office related marketing activities.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you. You may contact our office to obtain additional information and instructions for exercising the following rights.

Obtain a copy of our Notice of Privacy Practices.

Request a restriction on certain uses and disclosures of your information.

This request must be in writing. If we agree to your request, we will comply unless the information is needed to provide you with emergency treatment. However, if our system capabilities will not allow us to comply with your request, we are not required to. We can only address requests for our office. Your request will not extend to any other physicians, hospitals, or any other testing facilities.

Inspect and request a copy of your health record. Your request for inspection or copies must be in writing and directed to our office. A reasonable fee for copies will be charged. We may deny your request under very limited circumstances.

Request an amendment to your health record if you feel the information is incorrect or incomplete. Your request must be made in writing and it must include a reason that supports the request. We may deny your request if the information was not created by our health care team, if it is not part of the information kept by our facility, if it is not part of the information which you are permitted to inspect and copy, or if the information is accurate and complete as stated. Please note if we accept your request for amendment, we are not required to delete any information from your health record.

Obtain an accounting of disclosures to others of your health information.

The accounting will provide information about disclosures made for purposes other than treatment, payment, health care operations, disclosures excluded by law or those you have authorized.

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 may ask that we only contact you at work or by mail. We will accommodate all requests that are reasonable for our system capabilities. Your request must be in writing and specify the exact changes you are requesting.

Revoke your authorization. You have the right to revoke your authorization for the use or disclosure of your health information except to the extent that action has already been taken.