Plastic Surgery Consultants, LLC - Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AS WELL AS HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND KEEP IT FOR YOUR RECORDS.

If you have any questions about this notice, please contact our Practice Manager, Leah Ross at (803) 234-2010.

We are required by law to maintain the privacy of your personal health information and to provide you with notice of our legal duties and privacy practices related to your personal health information. This Notice of Privacy Practices describes how we may use and disclose your personal health information to carry out treatment, payment of health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your personal health information. “Personal health information” is information, including demographic information (such as your age or your address), that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services or payment for such. We are required by to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all personal health information that we maintain at that time. You may obtain a copy of any revised Notice of Privacy Practice by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

1. Uses and Disclosures of Personal Health Information. Your personal health information may be used and disclosed by your physician, our office staff and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you. Your personal health information may also be used and disclosed to pay your healthcare bills and to support the operations of our practice. Others uses and disclosures may be made by our practice if you are given an opportunity to object to the use of disclosure or with your express authorization. Examples of the types of uses and disclosures of your protected health care information that our office is permitted to make are explained below. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office. We will not provide a copy of your medical records to another person for any of the purposes described below without your express written consent except as explained in this Notice of Privacy Practices.

A. Uses and Disclosures for Treatment, Payment and Practice Operations:

1. Treatment: We may use of disclose your personal health information for our own treatment purposes or the treatment purposes of another health care provider. Treatment activities include the provision, coordination, or management of your health care and any related services.

For example, we may disclose your personal health information, as necessary, to a home health agency that provides care to you or to other physicians who may be treating you.

2. Payment: Your personal health information may be used or disclosed to obtain payment for the health care services we provide to you or for the payment purposes of another health care provider.

For example, we may disclose your personal health information to your health plan to obtain approval for a hospital admission or particular procedure. We may provide a copy of your medical records to your health plan without your express written consent if your health plan has a written authorization on file to release medical information to the health plan.

3. Healthcare Operations: We may disclose your personal health information to support the business activities of our practice. These business activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, conduction or arranging for consulting services, and business planning activities. We may also disclose your personal health information to another entity that is subject to the federal privacy protections to conduct certain business activities including quality assessments and improvement activities, reviews of the qualifications of health care professional, evaluating provider performance or health care fraud and abuse detection or compliance.

For example, we may disclose your personal health information to medical school students that see patients in our office. We may also disclose your personal health information to third party "business associates" that perform various activities for the practice such as billing services, our answering service, and transcription services. Whenever an arrangement between our office and a business associate involves the use or disclosure of your personal health information, we will have a written contract that contains terms that are intended to protect the privacy of your personal health information.

We may also use or disclose your personal health information to remind you of your appointments with the practice. In addition, we may use or disclose your personal health information to provide you with information about treatment alternatives or other health related benefits and services that are offered by our practice that may be of interest to you. For example, your name and address may be used to send you a newsletter about our practice and the services we offer.

We may also have pre- and post-operative photographs for display after written consent from the patient. You may contact our Practice Manager, Sterling Boyle, at our office address to request that your photograph not be made and/or displayed by us.

B. Uses and Disclosures of Personal Health Information With Your Written Authorization:

Uses and disclosures of your personal health information other than for treatment, payment, or healthcare operations purposes will be made only with your written authorization, unless we are otherwise permitted or required by law to use or disclose your personal health information as described below. You may revoke an authorization at any time, in writing, except to the extent that we have already taken an action based on the use or disclosure permitted by the authorization.

C. Permitted and Required Uses and Disclosures with an Opportunity to Object:

We may use and disclose your personal health information in the instances described below. You will be given the opportunity, when possible to agree or object to the use or disclosure of all or part of your personal health information. If you are not present or able to agree or object to the use or disclosure of the personal health information, then your physician, using professional judgment, determines whether the disclosure is in your best interest. In this case, only the personal health information that is relevant to your health care will be disclosed.

1. Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your personal health information that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on your physician's professional judgment.

2. Notification Purposes: We may use or disclose personal 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.

3. Disaster Relief: We may use or disclose your personal health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate with disaster relief agencies.

Updated and Effective Feb 5, 2025