



THE SPIEGEL CENTER
ADVANCED FACIAL AESTHETICS

The Spiegel Center takes your privacy seriously.

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 and let us know if you have any questions.

You Can;

Get an electronic or paper copy of your medical record

• You can ask to get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. It takes about 5 business days to process a record request.

Ask us to correct your medical record

• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

• We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

• We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

• You can ask us **not** to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request and we may say “no” if it would affect your care.

• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

• We will include all the disclosures except for those about treatment, payment, and health care operations and certain other disclosures (such as any *you* asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions

How do we typically use or share your health information?

We typically use or share your health information in the following ways;

1. File a complaint if you feel your rights are violated

• You can complain if you feel we have violated your rights by contacting us using the information on page 4.

• 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 by visiting

www.hhs.gov/ocr/privacy/hipaa/complaints.

**2. In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

3. In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of your psychotherapy notes

4. To Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

5. Run our organization

- We can use and share your health information to run our practice, improve your care and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

6. Bill for your services

- We can use and share your health information to bill for services we have rendered to you

Example: We use health information about you to prepare statements to send to your health insurance about the care we provide to you.

How else can we use or share your health 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. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

1. Help with public health and safety issues

- We can share health information about you for certain situation such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected child, elder, or disabled abuse or neglect
 - Preventing or reducing a serious threat to anyone's health or safety

2. Do research

- We can use and share your health information for research.

3. Respond to organ and tissue donation requests

We can share health information about you with organizations that handle organ donation and transplants.

4. Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

5. Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.



6. Address workers' compensation, law enforcement, and other government requests

- We can share health information about you:
- For Worker's compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For government functions such as military, national security and Presidential Protective Services
- To correctional institution or law enforcement, if you are an inmate of a correctional institution or in law enforcement custody, to provide you with health care; to protect the health and safety of yourself or others; for health and safety of correctional institution.

7. Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena. There is some health information that we can release only with your permission or a judge's order: HIV Status/Testing Results (You must authorize each in writing) Social Worker Communications Consent for Abortion Domestic Violence Victims' Counseling Sexually Transmitted Diseases Sexual Assault Victims' Counseling Genetic Test Results Alcohol & Drug Abuse Records Communications with Mental Health Providers (psychologist, psychiatrist, nurse mental health specialist, licensed mental health counselor, marriage, family, rehabilitation and educational psychologist and family therapist)

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

The Spiegel Center's Security Officer is: Lovelynn Jensen Lovelynn@DrSpiegel.com

The Spiegel Center's Privacy Officer is: Larissa DeSouza Larissa@DrSpiegel.com

I certify that I have read and fully understand the above privacy policy, that explanations have been made, and that the provider has answered all of my questions.

Patient Signature

Today's Date

Patient Printed Name



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