

# KAROL A. GUTOWSKI, MD, FACS

*AESTHETIC SURGERY*

*CERTIFIED BY THE AMERICAN BOARD OF PLASTIC SURGERY*

*MEMBER AMERICAN SOCIETY OF PLASTIC SURGEONS*

## Privacy Notice

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.**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

You can ask to:

- See or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Correct health information about you that you think is incorrect or incomplete.
- Contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- Not to use or share certain health information for treatment, payment, or our operations.
- Not share self-pay information for the purpose of payment or our operations with your health insurer (unless a law requires us to share that information).
- See or get an electronic or paper copy of your medical record and other health information we have about you.
- Have 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.
- Have a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

We are not required to agree to your requests, and we may say "no" if it would affect your care.

- If you gave someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint.

**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, tell us.

- 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
- Contact you for fundraising efforts
- 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.

We will NOT share your information with other parties for marketing or sell your information.

**We can share health information about you** for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety, health research, professional society databases and registries, Board Certification requirements, workers' compensation claims, law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, special government functions such as military, national security, and presidential protective services, in response to a court or administrative order, or in response to a subpoena, if required by state or federal laws, with organ procurement organizations, coroner, medical examiner, or funeral director when an individual dies.

### 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. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office.