

**NOTICE OF PRIVACY PRACTICES
BIRMINGHAM COSMETIC SURGERY, LLC**

Effective Date: April 14,2003

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.

OUR PLEDGE REGARDING MEDICAL INFORMATION

Birmingham Cosmetic Surgery's employees and staff understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at this office. 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 you care generated by Birmingham Cosmetic Surgery. If you have any questions about this notice, please contact Melissa Anderson, our Office Manager. This office is required by law to:

1. make sure that medical information that identifies you is kept private.
2. give you this Notice of our legal duties and privacy practice with respect to medical information about you; and
3. follow the terms of the Notice that is currently in effect.

HOW THIS OFFICE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following describes the different ways that your medical information may be used or disclosed by this office. For clarification, we have included some examples. Not every possible use or disclosure is specifically mentioned. However, all of the ways we are permitted to use and disclose you medical information will fit within one of these general categories:

CATEGORY 1 - FOR TREATMENT. We will use medical information about you to provide you with medical treatment and service. We may disclose medical information about you to doctors, nurses, technicians and other office personnel who are taking care of you. Some examples are:

- * Your physician or a staff member may need to talk to another physician who will provide you care when he/she is away.
- * Your physician or a staff member may need to discuss your medical information with members of the hospital staff.
- * Your physician or a staff member may refer you to a specialist and will discuss your condition with that specialist.
- * Your physician or a staff member may want to talk with a friend or family member who will assist you with care you need outside the office. We may tell your friend or family member your condition and that your are receiving care We may give information to someone who helps pay for your care.

CATEGORY 2 – FOR PAYMENT. We may use and disclose medical information about you so that the treatment and services you receive from Birmingham Cosmetic Surgery may be billed to and collected from you, an insurance company, or a third party. Some examples are:

- * We may need to give your health plan information about treatment you received here so your health plan will pay us or reimburse you for the treatment.
- * We may also tell you health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

CATEGORY 3 – FOR HEALTH CARE OPERATIONS. We may use and disclose medical information about you for office operations. These used and disclosures are necessary to run our office and make sure that all of our patients receive quality care. Some examples are:

- * We may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- * We may combine medical information about many of our patients to decide what additional services the office should offer, what services are not needed, and whether certain new treatments are effective.
- * We may disclose information to doctors, nurses, technicians, and other office personnel for review and learning purposes.
- * We may remove information that identifies you from a set of medical information so others may use it to study health care and health care delivery without learning the identity of the specific patients.

CATEGORY 4 - APPOINTMENT REMINDERS. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services.

CATEGORY 5 – TREATMENT ALTERNATIVES. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

CATEGORY 6 – HEALTH-RELATED BENEFITS AND SERVICES. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

CATEGORY 7 – RESEARCH. Under certain circumstances, we may use and disclose medical information about you for research purposes. Some examples are:

- * We may disclose medical information to researchers involved in the Silicone Breast Implant Study conducted by the Food and Drug Administration (FDA).
- * We may disclose medical information if your physician decides to participate in a research project testing the effects of a new medication.

CATEGORY 8 – AS REQUIRED BYLAW. We will disclose medical information about you when required to do so by federal, state, or local law. An example is:

* We are required to report suspected child or elder abuse, sexually transmitted diseases, HIV, or tuberculosis, etc.

CATEGORY 9 – TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. Special Situations:

* Military or Veterans – If you are a member of the armed forces, we may disclose medical information about you as required by military command authorities. We may disclose medical information about foreign military personnel to the appropriate foreign military authority.

* Workers Compensation – We may disclose medical information about you for workers' compensation or similar programs.

* Public Health Risks – We may disclose medical information about you for public health activities. These activities generally include the following:

** To prevent or control disease, injury, or disability

** To report births and deaths

** To report child abuse or neglect

** To report reactions to medications or problems with medical products

** 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 contacting spreading a disease or condition.

CATEGORY 10 – HEALTH OVERSIGHT ACTIVITIES. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. For example:

* Disclosure of your medical information may be made in connection with audits, investigation, inspections, and licensure renewals, etc.

CATEGORY 11 – LAWSUITS AND DISPUTES. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order or to defend the office. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

