

Gloria Duda, MD., P.C. • Aesthetic Center for Plastic Surgery
Board Certified by the American Board of Plastic Surgery
6845 Elm Street Suite 708, • McLean, VA 22101 • Phone (703)893-1111

NOTICE OF PRIVACY PRACTICES

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.

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your protected health information (PHI) and how we may use and disclose your PHI for treatment, payment and health care operations (TPO) and for other purposes that are permitted or required by law.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis, and customer service. An example would be internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

We may release some or all of your health information when required by law.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

We are required to abide by the terms of the Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices and to make new provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

For more information: The U.S Department of Health and Human Services/ Office of Civil Rights
200 Independence Avenue, S.W. • Washington, D.C 20201
• (202) 619-0257 Toll free: 877-696-8775

ALL INFORMATION ON THIS FORM IS STRICTLY CONFIDENTIAL

GLORIA DUDA, MD, PC – AESTHETIC CENTER FOR PLASTIC SURGERY

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**

I, _____, have received a copy of the Notice of Privacy Practices from the office of Gloria Duda, MD, PC.

DISCLOSURES OF PROTECTED HEALTH INFORMATION

I MAY BE CONTACTED IN THE FOLLOWING MANNER (CHECK ALL THAT APPLY)

- HOME TELEPHONE
 - OK TO LEAVE DETAILED MESSAGE
 - LEAVE MESSAGE WITH CALL-BACK NUMBER ONLY

- CELL PHONE
 - OK TO LEAVE DETAILED MESSAGE
 - LEAVE MESSAGE WITH CALL-BACK NUMBER ONLY

- WORK TELEPHONE
 - OK TO LEAVE DETAILED MESSAGE
 - LEAVE MESSAGE WITH CALL-BACK NUMBER ONLY

- WRITTEN COMMUNICATION
 - OK TO MAIL TO MY HOME ADDRESS
 - OK TO MAIL TO MY WORK/OFFICE ADDRESS
 - OK TO FAX TO THIS NUMBER: _____

- OTHER: _____

PREFERRED METHOD CONTACT

- HOME TELEPHONE
- CELL PHONE
- WORK TELEPHONE
- WRITTEN COMMUNICATION
- OTHER: _____

USE AND DISCLOSURE FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS MAY BE PERMITTED WITHOUT PRIOR CONSENT IN AN EMERGENCY.

Signature of Patient or Legal Guardian

Date

Legal Guardian

Gloria Duda, MD, FACS
Plastic Surgery
703-893-1111
www.DudaMD.com



GLORIA DUDA, MD, PC - AESTHETIC CENTER FOR PLASTIC SURGERY

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby give my consent for Gloria Duda, MD, PC to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). (Gloria Duda, MD, PC's Notice of Privacy Practices provides a more complete description of such uses and disclosures.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. Gloria Duda, MD, PC reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Gloria Duda, MD, PC Privacy Officer at 6845 Elm Street, Suite 708, McLean, Virginia 22101. With this consent, Gloria Duda, MD, PC may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others.

With this consent, Gloria Duda, MD, PC may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential. With this consent, Gloria Duda, MD, PC may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Gloria Duda, MD, PC restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Gloria Duda, MD, PC's use and disclosure of my PHI to carry out TPO. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Gloria Duda, MD, PC may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Date

Legal Guardian

