

## **NOTICE OF PRIVACY PRACTICES**

Evergreen Plastic Surgery, PLLC

Effective Date: August 16, 2024

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. WHO WILL FOLLOW THIS NOTICE

This Notice serves as Evergreen Plastic Surgery, PLLC's practices and that of: All health care professionals, colleagues, volunteers, students, observers, and staff of Evergreen Plastic Surgery, PLLC. Any business associates with whom we share health information.

### **OUR PLEDGE TO YOU**

We understand that health information about you is personal and we are committed to protecting health information about you. We create a record of the care and services you receive at Evergreen Plastic Surgery, PLLC to assure quality of care, billing, and to comply with legal requirements. This Notice applies to all of the records of your care generated by Evergreen Plastic Surgery, PLLC. As required and when appropriate, we will ensure that only the minimum necessary information is released in the course of our duties. This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations regarding the use and disclosure of medical information. We are required by law to:

- Keep health information about you private;
- Give you this Notice of our legal duties and privacy practices with respect to health information about you;

Follow the terms of the notice of privacy practices that are currently in effect.

### **CHANGES TO THIS NOTICE**

We may change this Notice at any time. Changes will apply to health information we already hold, as well as new information, after the change occurs. Before we make a significant change to our privacy practices, we will change this Notice and post the new Notice in the front entrances of our location.

### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION**

The following areas describe different categories of uses and disclosures of your health information that we may make without your written authorization. For each category of uses or disclosures we will provide an example of use, but have not listed every use or disclosure within that category. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

#### **For Treatment**

Evergreen Plastic Surgery, PLLC creates a record of treatment and services you receive. We may use your protected health information (PHI) to provide you with

medical treatment or services. We may disclose your health information to your doctors, nurses, technicians/assistants or others involved in your health care to provide and manage your care.

#### **For Payment**

We may use and disclose your PHI in order to get paid for treatment and services we have provided you, as applicable.

#### **For Health Care Operations**

We may use and disclose your PHI to carry out necessary operations and ensure our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

#### **Appointment Reminders**

We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care at Evergreen Plastic Surgery, PLLC. We may send you emails if you list your email address to notify you of special offers.

#### **Treatment Alternatives and Health-Related Products and Services**

We may use and disclose your PHI to recommend possible treatment options or alternatives that may be of interest to you. Additionally, we may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.

#### **Fundraising Activities**

We may use your PHI to contact you in an effort to raise money for Evergreen Plastic Surgery, PLLC and its operations. If you do not want Evergreen Plastic Surgery, PLLC to

contact you for fundraising efforts, you must notify the Practice Manager and state that you do not want to receive further fundraising communications.

#### **Individuals Involved in Your Care or Payment for Your Care**

We may disclose your PHI to a friend or family member who is involved in your medical care or payment related to your health care, provided that you agree to this disclosure, or we give you an opportunity to object to this disclosure. However, if you are not available or are unable to agree or object, we will use our judgment to decide whether this disclosure is in your best interests.

#### **Disaster Relief Purposes**

We may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. We will give you the opportunity to agree to this disclosure or object to this disclosure, unless we decide that we need to disclose your PHI in order to respond to the emergency circumstances.

#### **As Required By Law**

We will disclose your PHI when required to do so by federal, state or local law.

#### **To Avert a Serious Threat to Health and Safety**

We may use and disclose your PHI 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 be to someone able to help prevent the threat.

### **Workers' Compensation**

We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### **Public Health Risks**

We may disclose medical information about you for public health activities, such as those aimed at preventing or controlling disease, preventing injury or disability, and reporting the abuse or neglect of children, elders and dependent adults.

### **Military and Veterans**

If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

### **Health Oversight Activities**

We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

### **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI 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 (which may include written notice to you) or to obtain an order protecting the information requested.

### **Law Enforcement**

We may disclose PHI to government law enforcement agencies in response to a court order, warrant, subpoena, summons or similar process issued by a court.

### **Coroners, Medical Examiners and Funeral Directors**

We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the facility to funeral directors as necessary to carry out their duties.

### **Specialized Government Functions**

We may send your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state to conduct special investigations.

### **Inmates**

If you are an inmate of a correctional institution, you lose the rights outlined in this Notice. Furthermore, if you are an inmate or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be

necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### **Other Uses of Your Medical Information**

Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by the authorization, except that, we are unable to take back any disclosures we have already made when the authorization was in effect, and we are required to retain our records of the care that we provided to you.

### **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding your PHI in our records:

#### **Right to Inspect and Copy**

With certain exceptions, you have the right to inspect and copy your PHI from our records. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing. A form will be provided to you for this request. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain circumstances. If you are denied the right to inspect and copy your PHI in our

records, you may request that the denial be reviewed. With the exception of a few circumstances that are not subject to review, another licensed health care professional within Evergreen Plastic Surgery, PLLC who was not involved in the denial, will review the request and decision to deny access. We will comply with the outcome of the review.

#### **Right to Request Amendment**

If you feel that your PHI in our records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the PHI. To request an amendment, you must submit your request in writing. A form will be provided to you for this request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend PHI that:

- Was not created by us, unless you can provide us with a reasonable basis to believe that the person or entity that created the PHI is no longer available to make the amendment;
- Is not part of the PHI kept by or for the facility;
- Is not part of the PHI which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a Statement of Disagreement, with respect to any item or statement in your record

you believe is incomplete or incorrect. If you clearly indicate in writing that you want this form to be made part of your medical record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

### **Right to an Accounting of Disclosures**

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your PHI other than our own uses for treatment, payment and health care operations, (as those functions are described above) and with other exceptions pursuant to the law. To request this list or accounting of disclosures, you must submit your request in writing. A form will be provided to you for this request. Your request must state a time period that may not be longer than six years and may not include dates before September 1, 2024. The first list you request within a 12- month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **Right to Request Restrictions**

You have the right to request that we follow additional, special restrictions when using or disclosing your PHI for treatment, payment or health care operations. You also have the right to request that we follow additional, special restrictions when using or disclosing your PHI to someone who is involved in your care or the

payment for your health care, like a family member or friend. For example, you could ask that we not use or disclose that you are receiving services at Evergreen Plastic Surgery, PLLC. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must submit your request in writing. A form will be provided to you for this request. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about your appointments or other matters related to your treatment in a specific way or at a specific location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must submit your request in writing. A form will be provided to you for this request. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests .

### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this

Notice, please contact a member of your health care team.

***No mobile or messaging consent information will be shared with third parties/affiliates for marketing/promotional purposes. All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.***

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Evergreen Plastic Surgery, PLLC or the Federal Government. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint. To file a complaint with us, or if you have comments or questions regarding our privacy practices, contact: Evergreen Plastic Surgery, PLLC  
13317 NE 12th Ave  
Suite 107  
Vancouver, WA 98685

To file a complaint with the Federal Government, contact:  
Office of Civil Rights (Room 515 F) US  
Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(202) 619-0805  
(202) 619-0553

