

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

I acknowledge that I have received from GREATER MILWAUKEE PLASTIC SURGEONS, S.C. (the "Practice") a written Notice of Privacy Practices concerning the confidentiality of my protected health information. I acknowledge that the written Notice contains a description of how medical information about me may be used and disclosed and how I may access this information. I acknowledge that the Notice also contains:

- A description of the types of uses and disclosures that the Practice is permitted to make for treatment, payment or healthcare operations with and without my written authorization.
- A description of each of the other purposes for which the Practice is permitted to required to use or disclose PHI without my written authorization.
- A description of uses or disclosures that may be limited or prohibited by law.
- Descriptions that are in sufficient detail to make me aware of the uses or disclosures that are permitted or required by the federal privacy rules and other applicable laws.
- A statement describing my individual rights with respect to my health information and a description of how I may exercise this right.
- A statement describing the Practice's duties under the federal privacy law.
- A statement describing how I may express concern to the Practice and the Secretary of the federal Department of Health and Human Services if I believe my privacy rights have been violated.
- Information explaining how to contact the Practice for further information and the effective date upon which the Notice is first in effect.

I, the undersigned, acknowledge that I have received a written Notice of Privacy Practices from GREATER MILWAUKEE PLASTIC SURGEONS, S.C.

_____ (Signature of Patient or Personal Representative) _____ (Date)

_____ (Print Patient Name)

If Personal Representative, describe relationship: _____

For Office Use Only:

The patient's condition prevents the individual from signing an acknowledgement at this time. It will be obtained as reasonable practicable after the patient's condition improves.

Acknowledgement was unable to be obtained.

Reason: _____

April 14, 2003

Dear Patient:

Physicians have always protected the confidentiality of health information by sealing medical records away in file cabinets and refusing to reveal your information. Today, state and federal laws also attempt to ensure the confidentiality of this sensitive information.

The federal government recently published regulations designed to protect the privacy of your health information. This "privacy rule" protects health information that is maintained by physicians, hospitals, other health care providers and health plans. Physicians have until April 14, 2003 to comply with the privacy rule's standards for protecting the confidentiality of your health information.

This new regulation protects virtually all patients regardless of where they live or where they receive their health care. Every time you see a physician, are admitted to the hospital, fill a prescription, or send a claim to a health plan, your physician, the hospital or other health care provider will need to consider the privacy rule. All health information including paper records, oral communications, and electronic formats (such as e-mail) are protected by the privacy rule.

The privacy rule also provides you certain rights, such as the right to have access to your medical records. However, there are exceptions; these rights are not absolute. We also take precautions in our office to safeguard your health information such as training our employees and employing computer security measures. Please feel free to ask your physician or our privacy officer about exercising your rights or how your health information is protected in our office.

The Notice of Private Practices attached to this letter explains our privacy practices. It contains very important information about how your confidential health information is handled by our office. It also describes how you can exercise your rights with regard to your protected health information.

Please let us know if you have any questions about our Notice of Privacy Practices. You may contact our Privacy Official at 13800 W North Ave Suite 110, Brookfield, WI 53005 (262) 717-4000, or discuss any questions you may have with your physicians.

GREATER MILWAUKEE PLASTIC SURGEONS, S.C.

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.

Introduction. At **GREATER MILWAUKEE PLASTIC SURGEONS, S.C.**, we are committed to treating and using protected health information responsibly. As of April 14, 2003, a federal regulation, known as the "HIPAA Privacy Rule," requires that we provide detailed notice in writing of the ways that we may use and disclose health information about our patients. This Notice describes your rights, as our patient, to access and control your Protected Health Information or "PHI". This Notice also describes our obligations regarding the use and disclosure of PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to maintain the privacy of PHI and to provide our patients with notice of our legal duties regarding PHI. In addition, we are required to abide by the terms of this Notice. We reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when this Notice is changed, we will post a copy in our office in a prominent location and on our website. We will also provide you with a copy of the revised Notice upon your request made to our Privacy Official.

1. HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

Your physician's office may use or disclose your PHI as described in this section. Under the law, your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

Some of the types of uses and disclosures of your PHI that your physician's office is permitted to make include:

Treatment. We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. *For example*, we may use and disclose PHI when you need a prescription, lab work, an x-ray, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider. *For example*, if you see another physician, we may disclose PHI to your new physician regarding whether you are allergic to any medications.

We may also disclose PHI about you for the treatment activities of another health care provider. *For example*, we may send a report about your care from us to a physician that we refer you to so that the other physician may treat you.

Payment. We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. *For example*, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI to confirm that you are receiving the appropriate amount of care to obtain payment for services. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to the collection of payments owed to us.

We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. *For example*, we may allow health insurance benefits to be paid for your care.

Health Care Operations. We may use or disclose your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and the conducting or arranging for other business activities. *For example*, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We will share your PHI with third party "business associates" that perform various activities for the practice (*for example*, transcription services). Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will take steps to reasonably protect the privacy of your PHI.

We may use or disclose your PHI as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your PHI for other marketing activities. *For example*, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Official to request that these materials not be sent to you.

If another health care provider, company, or health plan that is required to comply with the HIPAA Privacy Rule has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider or company. *For example*, such health care operations may include reviewing the quality, efficiency and cost of care provided to you or reviewing and evaluating the skills, qualifications, and performance of health care providers. We may also disclose PHI for any health care operations of an "organized health care arrangement" in which we participate. An example of an "organized health care arrangement" is the joint care provided by a hospital and the doctors who see patients at the hospital.

Other Disclosures Permitted or Required by Law Without Your Authorization. In addition to circumstances involving treatment, payment, or health care operations, we may use or disclose your PHI in accordance with federal, state or local laws including for the following purposes:

ηFamily and Friends. Unless you object, we may disclose to family members, other relatives, close personal friends, or any other person identified by you if that information is directly relevant to that person's involvement in your care or payment for your care.

ηPublic Health Activities. We may use or disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention.

ηAbuse, Neglect, or Domestic Violence. We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

ηHealth Oversight Activities. We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care programs and compliance with certain laws.

ηLawsuits and Other Legal Proceedings. We may use or disclose PHI in the course of certain judicial or administrative proceedings.

ηLaw Enforcement. We may disclose PHI for law enforcement purposes or other specialized governmental functions.

ηCoroners, Medical Examiners, Funeral Directors. We may disclose PHI to a coroner or medical examiner, or to a funeral director so that they may carry out their jobs.

ηOrgan and Tissue Donation. If you are an organ donor, we may use or disclose PHI to an organ donation and procurement organization.

ηResearch. We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

ηTo Avert a Serious Threat to Health or Safety. We may use or disclose PHI about you in limited circumstances when necessary to prevent or lessen a serious threat to the health or safety of another person or to the public.

ηMilitary Activity and National Security. When the appropriate conditions apply, we may use or disclose the PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities, for the purpose of a determination by the Department of Veterans Affairs of a patient's eligibility for benefits, or to a foreign military authority if a patient is a member of that foreign military service. We may also disclose an individual's PHI to authorized federal officials for conducting national security activities.

ηWorkers' Compensation. We may disclose PHI as authorized by laws relating to workers' compensation or similar programs.

Uses and Disclosures of PHI Based upon Your Written Authorization. Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described above. You may revoke this authorization, at any time, in writing, except to the extent that your physician or your physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

2. YOUR RIGHTS REGARDING YOUR PHI

Under federal law, you have certain rights regarding your PHI. To exercise your rights you must make a request in writing to our Privacy Official. Your rights regarding PHI include the following:

Right to Request Restrictions. You have the right to request additional restrictions on certain uses and disclosures of your PHI. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. Your request must include (1) the information that you want to restrict; (2) how you want to restrict the information; and (3) to whom you want those restrictions to apply. *We are not required to agree to your request.*

Right to Receive Confidential Communications. You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing to our Privacy Official. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We are required to accommodate *reasonable* requests.

Right to Request Access to Inspect and Copy PHI. You have the right to request access to inspect and receive a copy of PHI about you in certain records that we maintain. This right is subject to certain specific exceptions. If you request a copy of records containing PHI about you, we may charge you a reasonable fee for those copies.

Right to Request to Amend. You have the right to request that we amend your PHI that is kept by or for our office. You must give us a reason for your request. *We may deny your request for certain specific reasons.* If your request is denied, we will provide you with a written explanation for the denial and information regarding further rights you would have at that point.

Right to Receive an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures that we have made of your PHI in the six years prior to your request, other than disclosures made for treatment, payment and health care operations; or other disclosures permitted or required by law.

Right to Receive a Paper Copy of this Notice. You have a right to receive a paper copy of this Notice at any time. To obtain a paper copy of this Notice, please contact our Privacy Official.

3. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint please contact our Privacy Official at the address or telephone number listed below. We will not retaliate or take action against you for filing a complaint.

4. PRIVACY OFFICIAL CONTACT INFORMATION

If you would like further information regarding your rights or regarding the uses and disclosures of your PHI, you may contact our Privacy Official at:

13800 W North Ave, Suite 110
Brookfield, WI 53005

This Notice was published and first became effective on April 14, 2003.

GREATER MILWAUKEE PLASTIC SURGESON, S.C.

NEW PRIVACY REGULATIONS **ADDENDUM** **SEPTEMBER 23, 2013**

- THE LAW NOW REQUIRES US TO NOTIFY YOU IN THE EVENT THERE WAS A BREACH OF YOUR UNSECURED PHI (PERSONAL HEALTH INFO)
- YOU HAVE THE RIGHT TO OPT OUT OF RECEIVING FUNDRAISING COMMUNICATION FROM US.
- IN REGARDS TO YOUR “RIGHT TO REQUEST RESTRICTIONS” ON HOW WE DISCLOSE YOUR PHI---IN MOST CASES WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST EXCEPT WE ARE NOW REQUIRED TO:
 1. RESTRICT OUR DISCLOSURE OF YOUR PHI TO YOUR HEALTH PLAN WHEN YOU HAVE PAID US OUT- OF- POCKET IN FULL FOR THE HEALTH CARE ITEM OR SERVICE WE PROVIDED TO YOU.
 2. RESTRICT OUR DISCLOSURE OF YOUR IMMUNIZATIONS DATA TO THE WISCONSIN IMMUNIZATION REGISTRY.
- IN REGARDS TO YOUR “RIGHT TO REQUIRE AUTHORIZATION” YOUR AUTHORIZATION IS REQUIRED FOR MOST USES AND DISCLOSURES OF PSYCHOTHERAPY NOTES, USES AND DISCLOSURES OF PHI FOR MARKETING PURPOSES AND DISCLOSURES THAT CONSTITUTE A SALE OF PHI.