SUMMARY NOTICE OF PRIVACY PRACTICES

Effective Date June, 2014

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

This notice describes the privacy practices of Fred H. Siegel, M.D., P.C.

OUR PLEDGE: We understand that medical information about you and your health is personal. We are committed to protecting it.

How we use or disclose your health information: We may use you protected health information (PHI) in order to provide you with medical treatment, obtain payment for services provided to you and to conduct our heath care operations to ensure all of our patients receive quality services. (This is explained in detail in our full notice.)

Your rights regarding medical information about you: You have the following rights regarding your medical information (some require your written request): You may request access to your medical record and billing information. You have the right to request restrictions regarding your PHI. You have the right to request an amendment if you think your PHI is incorrect. You have the right to an accounting of the disclosures we have made regarding your PHI. You have the right to revoke any former authorization you have given us regarding disclosure of your PHI. You have the right to receive confidential communication. You have the right to file a complaint if you feel we have violated your privacy rights.

You may receive a full paper copy of the Fred H. Siegel, M.D., P.C.'s Notice of Privacy Practices by asking in person at our front desk or in writing to our privacy officer. For further information please contact our privacy officer at **757-547-2115.**

Body By Siegel

Fred H. Siegel M.D.
Plastic and Reconstructive Surgery

AMERICAN SOCIETY OF PLASTIC SURGEONS

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FRED H. SIEGEL, M.D., P.C.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

YOU MAY REFUSE TO SIGN THIS AGREEMENT

I, _____, have received a copy of
(PRINT NAME)

Fred H. Siegel, M.D.'s Privacy Practices.

_____ _____
Signature of Patient Date

HIPAA PRIVACY RESTRICTIONS

- ❑ Do not call at home
- ❑ Do not call at work
- ❑ Do leave message
  - ❑ on voicemail/answering machine
  - ❑ with person other than patient
- ❑ Do not mail reminder cards
- ❑ Do not contact by email
- ❑ Mail only to: _____
  _____
  _____