

Roe E. Rubinstein, M.D.
PRIVACY PRACTICES

Effective Date: February 1, 2015

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.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to offer quality medical care, obtain payment for services provided to you as allowed by your health plan, and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information.

A. How Rubinstein Plastic Surgery Center may use or disclose your health information

This medical practice collects health information about you and stores it in your chart on our computer. This is your medical record. This medical record is the property of this medical practice, but the information recorded belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. Treatment We use medical information about you to provide your medical care. We may disclose medical information about you to our employees involved in providing the care you need. We may disclose your medical information to other physicians, health care providers, and pharmacies also in order to bring you the care you need.
2. Payment We use and disclose medical information about you to obtain payment for the services we provide.
3. Health Care Operations We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose medical information about you to review and improve the quality of care we provide; we may use and disclose medical information about you to obtain referrals and/or authorizations from your insurance care provider; we may use and disclose medical information about you to billing services, collection agencies, or transcription services that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information. California law requires that all recipients of health care information are prohibited from re-disclosing information as specifically required or permitted by law.
4. Appointment Reminders We may use and disclose medical information (i.e. appointment date and time) to contact you and remind you of an upcoming appointment. If you are not home or do not answer, our office (with permission from you) may leave a detailed message on your answering machine or answering service.
5. Notification and Communication with Family We may disclose your health information to notify or assist in notifying a family member, your personal representative, or any other person responsible or who is involved with your care or helps pay for your care. HIPPA (Health Insurance Portability and Accountability) Compliance is available in our office to assign any persons you wish to receive your health information. In the event of disaster, we may disclose information to persons responsible for your care or who helps pay for your care. If you are unable to agree or object, our healthcare professionals will use their best judgement in communication with your family and others listed above.
6. Marketing Rubinstein Plastic Surgery Center does not consider the communication of alternate forms of treatment or the use of products and services in treatment to be marketing. We may contact you to give you information about products or services related to your treatments or may provide you with health-related benefits and services that may be of interest to you. We may also provide you with samples of products we have available to you in our office. We will not use or disclose medical information (i.e. email address, telephone number, etc.) without your authorization and/or consent.
7. Required by Law In the event of abuse, neglect, domestic violence, response to judicial or administrative proceedings, or to law enforcement officials, we will comply, as required by law, to use and disclose your health information when requested.
8. Public Health We may, and are required by law to disclose your health information to public health authorities for purposes related to preventing or controlling a disease. We will inform you or your personal representative promptly unless, in our best professional judgement, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible.
9. Health Oversight Activities We may, and are at times required by law, disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings (i.e. subpoena), subject to the limitations imposed by federal and California law.
10. Law Enforcement We may, and are at times required by law, disclose your health information to law enforcement officials for purposes such as identifying and/or locating a suspect, fugitive, material witness, or missing person, complying with a court order, warrant, grand jury, subpoena, and other law enforcement purposes.
11. Coroners We may, and are at times required by law, disclose your health information to coroners in connection with their investigation of death.
12. Organ and/or Tissue Donation We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

13. Public Safety We may, and are at times required by law, disclose your health information to appropriate persons in order to prevent or lessen a serious or imminent threat to the health or safety of a particular person or the general public.
14. Specialized Government Functions We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
15. Change of Ownership In the event that the medical practice for Roee E. Rubinstein, M.D. is sold and merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

B. When Rubinstein Plastic Surgery Center may NOT use or disclose your health information

Except as described in this Notice of Privacy Practices, this medical practice will not use or disclose health information which identifies you without your written authorization or given consent. If you do authorize or give consent to this medical office to use or disclose your health information for another purpose, you may revoke your authorization and/or consent in writing at any time.

C. Your health Information Rights

1. Right to Request Special Privacy Protections You have the right to request special privacy protections such as restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on use or disclosure you wish to have imposed. Rubinstein Plastic Surgery Center reserves the right to accept or reject your request, and will notify you promptly of our decision.
2. Right to Request Confidential Communications You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send any information pertaining to you to a specific address and we will comply with all reasonable requests.
3. Right to Inspect and Copy You have the right to inspect and copy your health information, with limited exceptions. You may submit a written request for medical records detailing what information you would like to access and whether you would like to inspect it or receive a copy of it. We will charge a reasonable fee, as allowed by California law (\$0.25 per page copied, \$6.00 per quarter hour spent on making records available to you). We reserve the right to deny your request in situations where records are unavailable due to inability of access electronic record per instances of "system down" or loss of communication with servers.
4. Right to Amend or Supplement You have the right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, but if your request is denied, we will provide you with information on how to appeal your denial.
5. Right to an Accounting of Disclosures You must make a request for accounting of disclosures in writing. You have the right to receive an accounting of disclosures of your health information made by the Rubinstein Plastic Surgery Center, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
6. Copy of Privacy Practices You have a right to a paper copy of these Privacy Practices. If you would like to have a more detailed explanation or you would like to exercise the above listed rights, please contact our office (805) 379-9353.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this notice. After an amendment is made, the revised Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice in our reception area, and you can request a copy.

E. Complaints

Complaints about this Notice of Privacy Practices or how Rubinstein Plastic Surgery Center handles your health information should be directed to our office. If you are not satisfied with your result after bringing your complaint to our office, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201