This Notice of Privacy Practices describes how Surgical Weight Control Center may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control of your protected health information. “Protected Health Information” is information about you, including demographic information that may identify you and that relates to your past, present, or future physical or mental health and/or condition and related care services.

Surgical Weight Control Center is required to abide by the terms of this Notice and may change the terms of this notice at any time. The new notice would be effective for all protected health information maintained at this time. Upon your request, Surgical Weight Control Center will provide you with any revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent to you in the mail, or you may request one at the time of your next appointment.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION:**
You will be asked to sign an authorization form for use and disclosure of your protected health information for specified reasons as outlined in the authorization form.

**TREATMENT:**
Surgical Weight Control Center will use and disclose your protected health information to provide, coordinate, or manage your health care and any related issues. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to this information (e.g., a home health agency that provides care to you). Surgical Weight Control Center will disclose protected health information to other physicians who may be treating you when we have the necessary permission from you to do so (e.g., a physician for whom you have been referred to ensure that this physician has the necessary information to diagnose or treat you). In addition, Surgical Weight Control Center may disclose your protected health information, from time to time, to another health care provider (e.g., a specialist or laboratory) who, at the request of your provider, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

**PAYMENT:**
Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services Surgical Weight Control Center has recommended for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided you for medical necessity, and undertaking utilization review activities (e.g., obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admissions).
Healthcare Operations:
Surgical Weight Control Center may use or disclose your protected health information for the following reasons:

- In order to support the business activities of your provider’s practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, and conduction or arranging for other business activities (e.g., we may disclose this information to medical students who see patients at our office).
- 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.
- To contact you to remind you of your appointment.
- To share with third party “business associates” who perform various activities (e.g., billing and transcription services) for the practice.
  Whenever an arrangement between Surgical Weight Control Center and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains the terms that will protect the privacy of your information.

OTHER USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION:
Surgical Weight Control Center will employ other uses and disclosures of your protected health information only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that your physician or Surgical Weight Control Center has taken an action in reliance on the use or disclosure indicated in the authorization.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT:
Surgical Weight Control Center may use and disclose your protected health information in the following instances: (note – you have the opportunity to agree or object to the use or disclosure of the protected health information; then your provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.)

- Others involved in your health care: Unless you object, Surgical Weight Control Center may disclose to a member of your family, a relative, or close friend or any other person that you identify, your protected health information that directly relates to that person’s involvement in your healthcare. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest, based on our professional judgment. We may disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

- Emergencies: Surgical Weight Control Center may use or disclose your protected health information in an emergency treatment situation. If this happens, your provider shall try to obtain your consent as soon as possible after the delivery of treatment. If your provider or another provider in the practice is required by law to treat you and the provider has attempted to obtain your consent but is unable to do so, he or she may still use or disclose your protected health information to treat you.
• Communication Barriers: Surgical Weight Control Center may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that you intend to consent to use or disclosure under any circumstances.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE WITHOUT YOUR CONSENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT:
Surgical Weight Control Center may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

• Required by Law: The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

• Public Health: Disclosure of information for public health activities and purposes may be released to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

• Communicable Diseases: Information may be released, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

• Health Oversight: Information may be released to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil right laws.

• Abuse or Neglect: Information may be released to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose this formation if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

• Food and Drug Administration: Disclosure of information may be released to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, to track products so as to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.

• Legal Proceedings: Information may be disclosed in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.

• Law Enforcement: Information may be disclosed, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and other required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice’s premises) and it is unlikely that a crime occurred.
- **Coroners, Funeral Directors, and Organ Donation:** Information may be released to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose information to a funeral director, as such information in reasonable anticipation of death. Information may be disclosed for cadaveric organ, eye, or tissue donation purposes.

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:**

- You have the right to request confidential communications from us by alternative means or at an alternative location. Surgical Weight Control Center will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis of this request. Please make this request in writing to our Practice Manager.

- You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, Surgical Weight Control Center may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal. Please contact our Practice Manager to determine if you have questions about amending your medical records.

- You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in the Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members, or friends involved in your care, or for notifications purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

- You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

**Waiver of Rights:**

Surgical Weight Control Center may not require individuals to waive their rights as a condition of the provision of treatment.

**Complaints:**

You may complain to us or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. You may file a complaint with us by notifying our Practice Manager of your complaint. We will not retaliate against you for the filing of a complaint.

Our Practice Manager can be reacted at (702) 313-8446 for further information about the complaint process.

If you have any questions about this notice, please contact our Practice Manager.