

The Abel Center for Oculofacial Plastic Surgery, LLC

Notice of Patient Privacy Policy

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.

USES AND DISCLOSURES

Treatment: Your health information may be used by our physicians and staff or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

Payment: Your health information may be used to seek payment from your health plan, other sources of coverage such as an automobile insurer, or credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operation: Your health information may be used as necessary to support the day to day activities and management of The Abel Center for Oculofacial Plastic Surgery, LLC. For example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality to insure that our practice is meeting state and federal guidelines and laws designated to protect your health care information.

Law Enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example, our practice is required to report certain communicable diseases to the State of Delaware Department of Health.

Appointment Reminders: Your health information will be used by our staff to call/send you appointment reminders.

Information about Treatments: Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

Organ Donation: If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.

Other Uses and Disclosures Require your Authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use of disclosure of information that occurred before you notified us of your decision.

Individual Rights:

You have certain rights under the federal privacy standards, these include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to request an amendment or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

Patient Name: _____

DOB: ____/____/____

The Able Center for Oculofacial Plastic Surgery, LLC's Duties:

We are required by law, and reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Requested to Inspect Protected Health Information:

As permitted by federal regulation, we require that requests to inspect and copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our Office Manager or Practice Administrator.

Complaints and Contact Person:

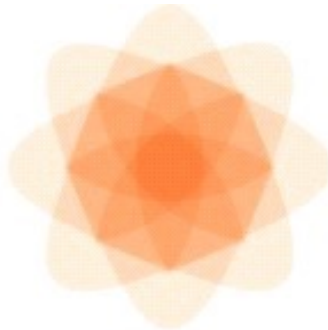
If you would like to submit a comment or complaint about our privacy practices, or obtain additional information about our privacy practices, you can do so by sending a letter outlining your concerns to the person listed below. You will not be penalized or otherwise retaliated against for filing the complaint.

Practice Privacy Officer

1941 Limestone Road
Suite 200
Wilmington, DE 19808
302-998-3220

Effective Date

This notice is effective on or after January 1, 2013



A B E L C E N T E R

FOR OCULOFACIAL PLASTIC SURGERY, LLC

Notice of Patient Privacy Policy Acknowledgement Form

I hereby acknowledge that I have received and had the opportunity to ask questions concerning The Able Center for Oculofacial Plastic Surgery, LLC's notice of patient privacy policy.

Patient Name: _____

DOB: ____/____/____

Patient Signature: _____ Date: ____/____/____

Representative's Relationship to

Patient: _____

A copy is available upon request