

# COASTAL

## PLASTIC SURGERY

### NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY. YOU MAY REQUEST A COPY. (Effective Date: April 14, 2003)

We are required by law to maintain the privacy of your medical information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your medical information if you request it. We must follow the privacy practices that are described in this Notice while it is in effect. We reserve the right to change our privacy practices and the law permits the terms of this notice at any time, provided such changes. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. You may request a complete copy of our Notice of Privacy Practices at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us at 281.316.8888.

#### QUESTIONS OR CONCERNS:

If you believe your privacy rights have been violated, you may file a complaint, in writing, Attn: Privacy Office located at 1015 Medical Center Blvd., Suite 1100, Webster, TX 77598 or by calling 281.316.8888.

#### Uses and disclosures of medical information:

We may use and disclose medical information about you for your treatment and health care operations.

#### PATIENT'S ACKNOWLEDGEMENT:

I hereby acknowledge that I have been provided with or have been given the opportunity to obtain a copy of this NOTICE OF PRIVACY PRACTICES. I have been provided the opportunity to ask questions about the notice and my questions have been answered to my satisfaction.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_