

HIPAA Privacy Policy

Your Information. Your Rights. Our Responsibilities.

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.** If you have any questions about this notice, please contact us at Tel. 1 646 943 6042, Fax. 1 646 304 0404, info@maganaplasticsurgery.com or write us at 1171 E, Putnam Avenue, Suite 1E, Riverside, CT, 06878.

This Notice was published and became effected on May 19, 2021.

Who will follow this notice?

This website www.maganaplasticsurgery.com is operated by Magana Plastic Surgery (“Magana Plastic Surgery”, “we”, “our”, or “us”). This notice shall describe the practices of Magana Plastic Surgery and the practices that will be followed by Magana Plastic Surgery.

Our promise to your protected information

Magana Plastic Surgery respects your medical information privacy. We understand that medical information about you is personal. We are promised and committed to you to protect your medical information about you. We provide the best protection for your medical information (Protected Health Information). This notice covers all of the records of your medical care which are created or received by Magana Plastic Surgery.

Other health care providers of yours such as doctors, hospitals, health care agencies, etc. may have different policies or notices regarding the use of your medical information.

This notice shall discuss certain rights and obligations regarding the use and disclosure of your protected health information. In this notice, we shall also elaborate on the ways we may use and disclose medical information about you. Medical Information also includes **Protected Health Information** which is known as demographic information that may identify you and relates to your all physical or mental health information including health care services.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send an e/mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at Tel. 1 646 943 6042, Fax. 1 646 304 0404, info@maganaplasticsurgery.com or write us at 1171 E, Putnam Avenue, Suite 1E, Riverside, CT, 06878.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our uses and disclosure

We typically use or share your health information in the following ways.

Treat you

We can use your protected health information and share it with other professionals in Magana Plastic Surgery who are treating you.

Example: A doctor in Magana Plastic Surgery treating you, therefore, he may need your previous medical records to diagnosis your present condition or we may refer to another doctor regarding your medical condition for additional care.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your service

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Appointment reminder

We may contact you as a reminder that you have an appointment in our office by using and disclose your medical information after giving us affirmative consent. You can change your consent at any time by contacting our office in writing at 1171 E, Putnam Avenue, Suite 1E Riverside, CT 06878 or sending us an email at info@maganaplasticsurgery.com. It normally takes 30 working days to confirm your request. Please take our heartiest apology if you still get/do not get a reminder after requesting before 30 working days.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Communicable diseases

We may disclose your protected health information that is required by law, to a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading the disease or condition.

Oversight activities

We may use or disclose your protected health information to health oversight agencies for activities that are required by law such as audits, inspection, investigations, etc.

Food and drug administration

We may disclose your protected health information which is required by the Food and Drug Administration (FDA).

Respond to lawsuits and legal action

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Address workers' compensation, law enforcement, and other government requests

As stated above, we can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Contact us

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