

NOTICE OF PRIVACY PRACTICES

NOTICE OF PRIVACY PRACTICES 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.

Causey Med Aesthetic (CMA) provides many types of services. CMA staff must collect information about you to provide these services. CMA knows that information we collect about you and your health is private. CMA is required to protect this information by Federal and State law. **We call this information “protected health information” (PHI).**

This Notice of Privacy Practices tells you how CMA may use or disclose information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you. CMA is required to follow the terms of the notice currently in effect. However, CMA may change its privacy practices and make that change effective for all PHI maintained by the Company. The effective date of this Notice of Privacy Practices is April 14, 2003.

CMA May Use and Disclose Information without Your Authorization

- **For Treatment.** CMA may use or disclose information to health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** CMA may use or disclose information to get payment or to pay for the health care services you receive. For example, CMA may provide PHI to bill your health plan for services provided to you.
- **For Health Care Operations.** CMA may use or disclose information in order to manage its programs and activities. For example, CMA may use PHI to review the quality of services you receive.
- **Appointments and Other Health Information.** CMA may send you reminders for medical services, checkups, and eligibility renewal. CMA may send you information about health services that may be of interest to you.
- **For Public Health Activities.** CMA is the public health agency that keeps and updates vital records such as births, deaths, and the tracking of some health issues and diseases.
- **For Health Oversight Activities.** CMA may use or disclose information to inspect or investigate health care providers.
- **As Required by Law and For Law Enforcement.** CMA will use and disclose information when required or permitted by Federal or State law or by a court order. If Federal or State law creates higher standards of privacy, CMA will follow the higher standard.
- **For Abuse Reports and Investigations.** CMA is required by law to receive and investigate reports of abuse, neglect or exploitation.
- **For Government Programs.** CMA may use and disclose information for public benefits under other government programs. For example, CMA may disclose information for the determination of Supplemental Security Income (SSI) benefits.
- **To Avoid Harm.** CMA may disclose PHI to law enforcement agencies in order to avoid a serious threat to the health, welfare and safety of a person or the public.

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- **For Research.** CMA uses information for studies and to develop reports.
- **Disclosures to Family, Friends, and Others.** CMA may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information.

Other Uses and Disclosures Require Your Written Authorization

For other situations, CMA will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. CMA cannot take back any uses or disclosures already made with your authorization.

Other Laws Protect Your Protected Health Information

Many CMA programs have other laws for the use and disclosure of information about you. For example, your written authorization may be needed for CMA to use or disclose your mental health or chemical dependency treatment records.

Your Privacy Rights

- **Right to See and Get Copies of Your Records.** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.
- **Right to Request to Correct, Amend, or Update Your Records.** You may ask CMA to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request.
- **Right to Get a List of Disclosures.** You have the right to ask CMA for a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family or information that was sent with your authorization.
- **Right to Request Limits on Uses or Disclosures of Protected Health Information.** You have the right to ask CMA to limit how your information is used or disclosed. You must make the request in writing and tell CMA what information you want to limit and to whom you want the limits to apply. CMA is not required to agree to the limit. You can request in writing that the limit be terminated.
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.
- **Right to Choose How We Communicate with You.** You have the right to ask that CMA share information with you in a certain way or in a certain place. For example, you can ask CMA to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the reason for your request.
- **Right to File a Complaint.** You have the right to file a complaint with CMA at the address listed below and with the Secretary of the United States Department of Health and Human Services if you do not agree about how CMA has used or disclosed information about you.

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- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.
- **Right to Receive Notice of Change to CMA Privacy Practices.** You have a right to receive notice of changes in CMA privacy practices that affect you on or after the effective date of the change.

How to Review CMA Privacy Policies

You may review CMA privacy policies and related forms by going to www.causeymedaesthetic/HIPAA. You may also contact the CMA Office at the address listed at the end of this notice.

How to Contact CMA to Review, Correct, or Limit Your Protected Health Information (PHI)

You may contact the local CMA office which collects and maintains your protected health information or you at the address listed at the end of this notice to:

- Ask to look at or copy your records;
- Ask to limit how information about you is used or disclosed;
- Ask to cancel your authorization;
- Ask to correct or change your records; or
- Ask for a list of the times CMA disclosed information about you.

Your request to look at, copy, or change your records may be denied. If CMA denies your request, you will receive a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with CMA or with the U.S. Department of Health and Human Services, Office for Civil Rights.

How to File a Complaint or Report a Problem

You may contact the CMA Office listed below if you want to file a complaint or to report a problem about how CMA has used or disclosed information about you. Your benefits will not be affected by any complaints you make. CMA cannot punish or retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

Causey Med Aesthetic
Privacy Officer
18135 E. Petroleum Dr. Ste. F
Baton Rouge, LA 70609
Phone: (225) 364-2257
CauseyMed@gmail.com

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

We are required by law to provide you with a copy of our Notice of Privacy Practices. To ensure that our records are up to date and accurate, please sign this form and return it to the front office staff, acknowledging that you have been provided with a copy of Causey Med Aesthetic's Notice of Privacy Practices.

Print Patient Name or Legal Representative :

Signature of Patient or Legal Representative :

Date :

Signature of Employee :

Print Employee Name :

Date :
