



RADY RAHBAN, M.D.
PLASTIC AND RECONSTRUCTIVE SURGERY

NOTICE OF PRIVACY PRACTICES

To our patients:

This note describes how health information about (as a patient of this practice) may be used and disclosed and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our commitment to your Privacy:

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

We realize that those laws are complicated, but we must provide you with the following important information:

Use and Disclosure of Your Health Information in Certain Special Circumstances:

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. **Right to a copy of this note.** You are entitled to receive a copy of this Note of Privacy Practices. You may ask us to give you a copy of this note anytime. To obtain a copy of this notice, contact our front desk secretary.
6. **Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Rady Rahban, MD. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. **Right to provide an authorization for other use and disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by law.

If you have questions regarding this notice or our health information privacy policies, please contact the office of Rady Rahban, MD.

I hereby acknowledge that I have been presented with a copy of Rady Rahban, MD's Notice of Privacy Practices.

Patient/Guarantor

Date