Blue Water Plastic Surgery Partners

Blue Water Spa

10941 Raven Ridge Road, Suites 101 and 103

Raleigh, NC 27614

(919)256-0900 (919)870-6066

Notice of Privacy Practices

Effective date: April 14, 2003

Updated: February 1, 2024

This information is made available to all clients.

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU AS A PATIENT OF BLUE WATER PLASTIC SURGERY / BLUE WATER SPA MAY BE USED AND DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. **PLEASE REVIEW THIS NOTICE CAREFULLY.**

A. YOUR RIGHTS

This section explains your rights and our responsibilities to help you.

Receive an electronic or paper copy of your medical record	•You can ask to see or receive 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 may 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 will explain 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 mail to a different address.

	•We will say "yes" to all reasonable requests.
Asking us to limit what we use or share	•You can ask us **not** to use or share certain health information for treatment, payment, or for our operations. •We are not required to agree to your request, and we reserve the right to 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 comply with your request unless a law requires us to share that information.
Receive a list of those with whom we've shared information	•You may ask for an account of the times we have shared your health information 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 those requested by you). We will provide one accounting a year for free but may charge a reasonable, cost-based fee if you request another within 12 months.
Receive a copy of this privacy notice	•You may request 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.

B. YOUR CHOICES

For certain health information, you may advise what information is shared. If you have a clear preference for how we share your information in the situations described below, communicate those preferences, and we will follow your instructions.

In the following cases, you have the right to determine if we:	• 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 • Contact you for fundraising efforts *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 without 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 may ask us not to contact you again.

C. OTHER USES AND DISCLOSURES

How do we typically use or share your health information?

Our Uses and Disclosures

Treat you	• We may use your health information and share it with other professionals who are treating you.	***Example:*** *A doctor treating you for an injury asks another doctor about your overall health condition.*
Run our organization	• We may 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.*
Billing your services	• We may use and share your health information to bill and receive payment from health plans or other entities.	***Example:*** *We provide information about you to your health insurance plan so they may pay for your services.*

How else can we use or share your health information? We are allowed, or at times required, to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We are required to meet many conditions in the law before we are authorized to share your information for these purposes.

Help with public health and safety issues	• We may share health information about you for certain situations such as, but not limited to: • 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
Perform research	• We may use or share your information for health research.
Comply with the law	• We will share information about you if state or federal laws requires it, including the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
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 is deceased.
Address workers' compensation, law enforcement, and other government requests	• 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 lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena

**We do not create or manage a hospital directory, nor do we create or maintain psychotherapy notes at this practice.*

D. OUR RESPONSIBILITES

- We are required by law to maintain the privacy and security of your health information.
- We will inform you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and you may request a copy.
- We will not use or share your information other than as described here unless we are authorized to do so by you in writing. You may change your mind at any time by informing us in writing.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.**

This Notice of Privacy Practices applies to the following organizations.

Blue Water Plastic Surgery Partners

Blue Water Spa

Changes to the Terms of This Notice

We reserve the right to change the terms of this notice, and the changes will apply to all information. Again, if you have any questions regarding this notice or our health information privacy policies, please contact our HIPAA coordinator at (919)256-0900.