

**Acknowledgement of Receipt of Plastic & Reconstructive Surgery
Associates, Inc.'s Notice of Privacy Practices**

Practice

Plastic & Reconstructive Surgery Associates, Inc.
Vincent D. Lepore, MD
Daryl K. Hoffman, MD

() 14652 S. Bascom Ave., Suite 200
Los Gatos, CA 95032

() 805 El Camino Real, Suite A
Palo Alto, CA 94301

Chief Privacy Officer

Leann Clinton-Kibbie
Chief Privacy Officer
(209) 389-4459

Site Privacy Officer

Jane Quon – San Jose Office
(408) 356-4241

Site Privacy Officer

Leanna Worrell – Palo Alto Office
(650) 325-1118

It is Plastic & Reconstructive Surgery Associates, Inc.'s policy that treatment NEVER be conditioned on the signing of this acknowledgement of receipt of Notice of Privacy Practices. In addition, no retaliatory action will be tolerated from staff in response to a patient's decision not to sign this acknowledgement.

By signing this document, I acknowledge that I have received a copy of Plastic & Reconstructive Surgery Associates, Inc.'s Notice of Privacy Practices.

Signature: _____

Date: _____

Print Name: _____

If not signed by the patient, please indicate:

Relationship:

____ Parent or guardian of minor patient

____ Personal representative of an incompetent patient

Retain for 6 Years

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Effective Date: April 14th, 2003

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.

We understand the importance of privacy and are committed to maintaining the confidentiality of your health information. We make a record of the health care we provide and may receive such records from other providers. We use these records to provide or enable other health care providers to provide high quality health care, to obtain payment for services provided to you and to enable us to meet the operational requirements of our practice. We are required by law to maintain the privacy of protected health information and to provide individuals with Notice of our privacy practices with respect to protected health information. This Notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact one of our Privacy Officers listed above.

Overview of Plastic & Reconstructive Surgery Associates, Inc.'s Notice of Privacy Practices

(This overview is provided in compliance within allowed "Layered Notice" provisions. If this page is not followed by additional pages, please contact one of our Privacy Officers indicated above, or you will find the complete notice posted on our Front Desk for your review)

The law permits us to use or disclose your health information for the following purposes:

1. For Treatment, Payment and Health Care Operations (TPO)
2. For appointment reminders and patient sign-in sheets
3. In the notification and communication with your family
4. Not without your authorization for marketing purposes
5. Where required by law, to public health authorities, or health oversight agencies
6. Where we are sometimes required by judicial and administrative proceedings or to law enforcement
7. Where we may be required, to coroners, in organ or tissue donation and in the case of threats to public safety
8. To specialized government functions and to comply with Workers' Compensation laws
9. If and when the practice has a change in ownership

Except as described in this Notice of Privacy Practices, Plastic & Reconstructive Surgery Associates, Inc. **will not use or disclose health information, which identifies you without your written authorization.**

Retain for 6 Years

Your Rights;

1. Right to request restrictions on certain uses and disclosures.
2. Right to receive confidential communications from Plastic & Reconstructive Surgery Associates, Inc.
3. Right to inspect and copy Protected Health Information.
4. Right to amend incorrect or incomplete Protected Health Information.
5. Right to receive an accounting of disclosures.
6. Right of an individual to obtain a paper copy of this Notice.

A. How Plastic & Reconstructive Surgery Associates, Inc. May Use or Disclose Your Health Information

Plastic & Reconstructive Surgery Associates, Inc. collects health information about you and stores it in a chart and on our computers. This is your patient file. Your file is the property of this practice, but the information in your record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. Treatment

Plastic & Reconstructive Surgery Associates, Inc. uses your medical information to provide care. We disclose health care information to our employees and others who are involved in providing this care. For example, we may share your medical information with other health care providers who will provide services, such as x-rays or lab work we do not provide. We may also disclose medical information to members of your family or others who can help you when you are sick or injured.

2. Payment

Plastic & Reconstructive Surgery Associates, Inc. uses and discloses your patient information to obtain payment for our services, both to authorize services and for claim payment. For example, we give your health insurer information they need in order to pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided.

3. Health Care Operations

Plastic & Reconstructive Surgery Associates, Inc. may use and disclose your patient information for the operation of our practice in our business planning and management. For example, we may use and disclose this information to review and improve the quality of care our professionals provide. Plastic & Reconstructive Surgery Associates, Inc. may also use and disclose this information as necessary for medical reviews, legal reviews and compliance audits. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their own operational activities including fraud detection, quality review and improvement activities and other health care operations programs.

4. Appointment Reminders.

Plastic & Reconstructive Surgery Associates, Inc. may use and disclose health care information to contact and remind you about appointments. If you are not home, we may leave a message on your voice mail or with the person answering the phone.

5. Sign in sheet

Plastic & Reconstructive Surgery Associates, Inc. may use and disclose information, having you sign-in when you arrive for your appointment at our office. We may also call your name when our doctor or other professional staff is ready to see you.

6. Notification and communication with family

Plastic & Reconstructive Surgery Associates, Inc. may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may disclose information to someone who is involved with your care or helps pay for your care. This information will be limited to that information that is the minimum necessary to accomplish the purpose of the notification. Plastic & Reconstructive Surgery Associates, Inc. will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our professionals will use their best judgment in their communication with your family and others.

Retain for 6 Years

7. Marketing

Plastic & Reconstructive Surgery Associates, Inc. may contact you to give you information about our own products or services related to your treatment or we may provide you with gifts of nominal value. We may also encourage you to purchase a product in a patient meeting.

Plastic & Reconstructive Surgery Associates, Inc. has no plans to, but where we might enter an arrangement where we disclose protected health information to another entity, in exchange for direct or indirect payment to allow the purchasing organization to make a communication that encourages you to purchase or use a specific product or service; Plastic & Reconstructive Surgery Associates, Inc. will not use or disclose your health care information for this type of marketing without your written authorization.

8. Business Associates

Plastic & Reconstructive Surgery Associates, Inc. may share your health care information with our “business associates. We have a written contract with each of these vendors that contains terms requiring them to protect the confidentiality of your information. Although federal law does not protect health information disclosed to someone other than another healthcare provider, health plan or healthcare clearinghouse, under California law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law.

9. Judicial and administrative proceedings

Plastic & Reconstructive Surgery Associates, Inc. may, and is sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process. We will only disclose this information upon presentation of a signed authorization or if the court representative can demonstrate that reasonable efforts have been made to notify you of the request and you have not objected, or that any objections have had have been resolved by court/administrative order.

10. Non-Routine Disclosures

Required by Law

Plastic & Reconstructive Surgery Associates, Inc. will use and disclose your patient information as required by law. We will limit our use or disclosure to the minimum necessary to meet the requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

Public Health

Plastic & Reconstructive Surgery Associates, Inc. may, and is sometimes required by law to disclose your patient information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

Health Oversight Activities

Plastic & Reconstructive Surgery Associates, Inc. may, and is sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.

Law Enforcement

Plastic & Reconstructive Surgery Associates, Inc. may, and may be required by law, to disclose your patient information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

Coroners

Plastic & Reconstructive Surgery Associates, Inc. may disclose your health information to coroners in connection with their investigations of deaths.

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Organ or Tissue Donation

Plastic & Reconstructive Surgery Associates, Inc. may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

Public Safety

Plastic & Reconstructive Surgery Associates, Inc. may, and may be required by law, to disclose your information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Workers' Compensation

Plastic & Reconstructive Surgery Associates, Inc. may disclose your health information as necessary to comply with worker's compensation laws.

Specialized Government Functions

Plastic & Reconstructive Surgery Associates, Inc. may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

Change of Ownership

In the event that Plastic & Reconstructive Surgery Associates, Inc. is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another provider group.

B. When Plastic & Reconstructive Surgery Associates, Inc. May Not Use or Disclose Your Information

Except as described in Plastic & Reconstructive Surgery Associates, Inc.'s Notice of Privacy Practices, we will not use or disclose health information, which identifies you without your written authorization. If you do authorize Plastic & Reconstructive Surgery Associates, Inc. to use or disclose your health information for another purpose, you may revoke that authorization at any time.

C. Your Privacy Rights

1. Right to Request Special Privacy Protections

You have the right to request restrictions on the uses and disclosure of your patient information, by a written request specifying the information you want to limit and the limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision. To make a Restriction Request please ask a Privacy Officer (above) for a ***Protected Health Information Restriction Request Form 700-3000***.

2. Right to Request Confidential Communications

You have the right to request that you receive your patient information in a specific way or at a specific location. For example, you may ask that we send information to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications. To make a Confidential Communications request please ask a Privacy Officer (above) for a ***Confidential Communications Request Form 700-4000***.

3. Right to Inspect and Copy

You have the right to inspect and copy your patient file and all of your patient records that we have in both electronic and paper form. To access your patient information/records, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee, as allowed by California law. We may deny your request under limited circumstances. To make a request to view your records please ask a Privacy Officer (above) for the ***Request for Access to Protected Health Information/Patient Records Form 700-5000***.

4. Right to Amend or Make Additions

You have a right to request that we amend your patient information if you believe that it is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your information, and will provide you with information about your denial on (***Form 700-6100***) and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment),

Retain for 6 Years

if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words, (**Form 700-6200**), concerning anything in your records that you believe to be incomplete or incorrect. To make a request an amendment or addition to your records please ask a Privacy Officer (above) for the ***Request for Amendment/Addition to Protected Health Information Form — 700-6000***.

5. **Right to an Accounting of Disclosures**

You have a right to receive an accounting of disclosures of your patient health information made by Plastic & Reconstructive Surgery Associates, Inc. This practice does not account for the disclosures provided to you or other parties as requested in a written authorization, or of disclosures for treatment, payment, health care operations, notification and communication with family. There are additional disclosures that are not accounted for included in the “Non-Routine Disclosures” detailed above if direct patient identifiers are not included or disclosures wont be reported to the extent Plastic & Reconstructive Surgery Associates, Inc. has received notice from that agency or official that providing this accounting would impede their activities. Disclosures are not accounted for that are incidental to a use or disclosure that is otherwise permitted or authorized by the HIPAA Privacy regulation. To make a request for an Accounting of Disclosures please ask a Privacy Officer (above) for the ***Patient Request for Accounting of Disclosures Form — 700-7000***.

6. You have a right to a paper copy of this Notice of Privacy Practices

D. Changes to this Notice of Privacy Practices

Plastic & Reconstructive Surgery Associates, Inc. reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Practices will apply to all patient health information that we maintain, regardless of when it was created or received. We will keep a copy of the complete and most current notice posted on our Front Desk.

E. Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officers listed at the top of this Notice of Privacy Practices. To make a complaint, request a ***Patient Privacy Complaint Form -700-10000***.

If you are not satisfied with the manner in which Plastic & Reconstructive Surgery Associates, Inc. handles your complaint, you may submit a formal complaint to:

Region IX, Office for Civil Rights
U.S. Department of Health and Human Services
50 United Nations Plaza
Room 322, San Francisco, CA 94102
Phone (415) 437-8310
FAX (415) 437-8329
TDD (415) 437-8311

You will not be subject to retaliatory action of any type for filing a complaint. Said retaliatory action is strictly forbidden by our privacy policy and the HIPAA regulations.

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