

This notice describes how medical information about you can get access to this information. Our Promise to You, Our Patient You information is important and confidential. Our ethics and policies require that your information be held in strict confidence.

Introduction We maintain protocols to ensure the security and confidentiality of your personal information. We have physical security in our building, passwords to protect databases, compliance audits and virus/intrusion detection software. Within our practice, access to your information is limited to those who need it to perform their jobs.

At the offices of Atlantic Plastic Surgery, we are committed to treating and using protected health information about you responsibly. The Notice of Privacy Policies describes the personal information we collect, and how and when we disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14th, 2003, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record Each time you visit Atlantic Plastic Surgery, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning for your care and treatment
- Means of communication among the many health professionals who contribute to your care,
- Legal documents describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- Tools in educating health professionals,
- Source of data for medical research,
- Source of information for public health officials charge to improve the health of the state and nation,
- Source of data for our planning and marketing, and
- Tool by which we can assess and continually work to improve the care we render and outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure accuracy; better understand who, what, when, where and why others may access your health information; and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights Although your health record is the physical property of Atlantic Plastic Surgery, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of privacy policies upon request,
- Inspect and obtain a copy of your health record as provided by 45 CFR 164.524 (reasonable copy fees apply in accordance with state law),
- Amend your health record as provided by 45 CFR 164.526,
- Obtain an accounting of disclosures of your health information as provided by 45 CFR 164.528,
- Request confidential communications of your health information as provided by 45 CFR 164.522(b) and
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522(a) (however, we are not required by law to agree to requested restriction).

Our Responsibility Our Practice is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction and,
- Accommodate reasonable requests you may have to communicate your health information.

We reserve the right to change our practices and to make new provision effective for all protected health information we maintain. We will keep posted copy of the most current notice in our facility containing the effective date in the top, right-hand corner. In addition, each time you visit the facility for treatment, you may obtain a copy of the current notice in effect upon request. We will not use or disclose your health information in a manner other than described in the section regarding Examples Of Disclosures For Treatment, Payment, And Health Operations, without your written authorization, which you may revoke as provided by CFR 164.508(b)(5), except to the extent that action has already been taken.

For More Information or To Report A Problem

If you have questions or additional information, you may contact our practice's Privacy Officer: Suzanne Foley, 603-431-8819

If you believe your rights have been violated, you can either file a complaint with Suzanne Foley or with the Office for Civil Rights, U.S. Department of Health and Human Services(OCR). There will be no retaliation for filing a complaint with either our practice or the OCR. The address for the OCR regional office for New Hampshire is as follows: Office for Civil Rights, U.S. Department of Health and Human Services, Government Center J.F. Kennedy Federal Building – Room 1875, Boston, MA 02203

Examples of Disclosures For Treatment Payment, and Health Operations

We will use your health information for treatment.

We may provide medical information about you to your health care providers, our practice personnel, or third parties who are involved in the provision, management, or coordination of your care. *For example:* Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your information will be shared among health care professionals involved in your care.

We will also provide your other physician(s) or subsequent health care provider(s) (when applicable) with copies of various reports that should assist them in treating you.

We will use your health information for payment.

We may disclose your information so that we can collect or make payment for the health care services you receive.

If you participate in a health insurance plan, we will disclose necessary information to that plan to obtain payment for you care.

We will use your health information for regular health operations.

We may disclose your health information for our routine operations. These uses are necessary for certain administrative, financial legal and quality improvement activities that are necessary to run our practice and support the core functions.

Members of the quality improvement team may use information in your health record to assess the care and outcomes in your care and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide and to reduce healthcare costs.

***Appointment Reminders.** We may disclose medical information to provide appointment reminders (e.g. contacting you at the phone number you have provided to us and leaving a message as an appointment reminder).

***Decedents.** Consistent with applicable law, we may disclose health information to a coroner, medical examiner, or funeral director.

***Workers Compensation.** We may disclose health information to the extent authorized by and necessary to comply with laws relating to workers compensation or other similar programs established by law.

***Public Health.** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

***Research.** We may disclose information to researchers when their research has been approved and the researcher has obtained a required waiver from the Institutional Review/Privacy Board, who has reviewed the research proposal.

***Organ Procurement Organizations.** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of donation and transplant.

***As Required By Law.** We may disclose health information as required by law. This may include reporting a crime, responding to a court order, grand jury subpoena, warrant, discovery request, or other legal process, or complying with health oversight activities, such as audits, investigations, and inspections, necessary to ensure compliance with government regulations and civil rights laws.

***Specialized Government Functions.** We may disclose health information for military and veterans affairs or national security and intelligence activities.

***Business Associates**

There are some services in our organization through contacts with business associates. Some examples are billing or transcription services we may use. Due to the nature of business associate's services, they must receive your health information, however, when these services are contracted we require the business associate to appropriately safeguard your information.

***Practice Marketing.** We contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you (for example, to notify you of any new tests or services we may be offering).

***Food and Drug Administration (FDA).** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recall, repairs, or replacements.

***Personal Representative.** We may use or disclose information to your personal representative (person legally responsible for your care and authorized to act on your behalf in making decisions related to your health care).

***To Avert Serious Threat to Health/Safety.** We may disclose your information when we believe in good faith that it is necessary to prevent a serious threat to your safety or that of another person. This may include cases of abuse, neglect, or domestic violence.

***Communication with Family Unless you object.** Health professionals using their best judgment may disclose to a family member or close personal friend health information relevant to that person's involvement in your care or payment related to your care. We may notify these individuals of your location and general condition.

***Disaster Relief Unless you object,** we may disclose health information about you to an organization assisting in a disaster relief effort.

For all non-routine operations, we will obtain your written authorization before disclosing your personal information. In addition, we take great care to safeguard your information in every way that we can to minimize any incident disclosures.

151:21 Patients' Bill of Rights. – The policy describing the rights and responsibilities of each patient admitted to the facility shall include, as a minimum, the following:

- I. The patient shall be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care and including being informed of the name, licensure status, and staff position of all those with whom the patient has contact, pursuant to RSA 151:3-b.
- II. The patient shall be fully informed of a patient's rights and responsibilities and of all procedures governing patient conduct and responsibilities. This information must be provided orally and in writing before or at admission, except for emergency admissions. Receipt of the information must be acknowledged by the patient in writing. When a patient lacks the capacity to make informed judgments the signing must be by the person legally responsible for the patient.
- III. The patient shall be fully informed in writing in language that the patient can understand, before or at the time of admission and as necessary during the patient's stay, of the facility's basic per diem rate and of those services included and not included in the basic per diem rate. A statement of services that are not normally covered by medicare or medicaid shall also be included in this disclosure.
- IV. The patient shall be fully informed by a health care provider of his or her medical condition, health care needs, and diagnostic test results, including the manner by which such results will be provided and the expected time interval between testing and receiving results, unless medically inadvisable and so documented in the medical record, and shall be given the opportunity to participate in the planning of his or her total care and medical treatment, to refuse treatment, and to be involved in experimental research upon the patient's written consent only. For the purposes of this paragraph "health care provider" means any person, corporation, facility, or institution either licensed by this state or otherwise lawfully providing health care services, including, but not limited to, a physician, hospital or other health care facility, dentist, nurse, optometrist, podiatrist, physical therapist, or psychologist, and any officer, employee, or agent of such provider acting in the course and scope of employment or agency related to or supportive of health care services.
- V. The patient shall be transferred or discharged after appropriate discharge planning only for medical reasons, for the patient's welfare or that of other patients, if the facility ceases to operate, or for nonpayment for the patient's stay, except as prohibited by Title XVIII or XIX of the Social Security Act. No patient shall be involuntarily discharged from a facility because the patient becomes eligible for medicaid as a source of payment.
- VI. The patient shall be encouraged and assisted throughout the patient's stay to exercise the patient's rights as a patient and citizen. The patient may voice grievances and recommend changes in policies and services to facility staff or outside representatives free from restraint, interference, coercion, discrimination, or reprisal.
- VII. The patient shall be permitted to manage the patient's personal financial affairs. If the patient authorizes the facility in writing to assist in this management and the facility so consents, the assistance shall be carried out in accordance with the patient's rights under this subdivision and in conformance with state law and rules.
- VIII. The patient shall be free from emotional, psychological, sexual and physical abuse and from exploitation, neglect, corporal punishment and involuntary seclusion.
- IX. The patient shall be free from chemical and physical restraints except when they are authorized in writing by a physician for a specific and limited time necessary to protect the patient or others from injury. In an emergency, restraints may be authorized by the designated professional staff member in order to protect the patient or others from injury. The staff member must promptly report such action to the physician and document same in the medical records.
- X. The patient shall be ensured confidential treatment of all information contained in the patient's personal and clinical record, including that stored in an automatic data bank, and the patient's written consent shall be required for the release of information to anyone not otherwise authorized by law to receive it. Medical information contained in the medical records at any facility licensed under this chapter shall be deemed to be the property of the patient. The patient shall be entitled to a copy of such records upon request. The charge for the copying of a patient's medical records shall not exceed \$15 for the first 30 pages or \$.50 per page, whichever is greater; provided, that copies of filmed records such as radiograms, x-rays, and sonograms shall be copied at a reasonable cost.
- XI. The patient shall not be required to perform services for the facility. Where appropriate for therapeutic or diversional purposes and agreed to by the patient, such services may be included in a plan of care and treatment.
- XII. The patient shall be free to communicate with, associate with, and meet privately with anyone, including family and resident groups, unless to do so would infringe upon the rights of other patients. The patient may send and receive unopened personal mail. The patient has the right to have regular access to the unmonitored use of a telephone.
- XIII. The patient shall be free to participate in activities of any social, religious, and community groups, unless to do so would infringe upon the rights of other patients.
- XIV. The patient shall be free to retain and use personal clothing and possessions as space permits, provided it does not infringe on the rights of other patients.
- XV. The patient shall be entitled to privacy for visits and, if married, to share a room with his or her spouse if both are patients in the same facility and where both patients consent, unless it is medically contraindicated and so documented by a physician. The patient has the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences, including choice of room and roommate, except when the health and safety of the individual or other patients would be endangered.
- XVI. The patient shall not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, disability, marital status, or source of payment, nor shall any such care be denied on account of the patient's sexual orientation.
- XVII. The patient shall be entitled to be treated by the patient's physician of choice, subject to reasonable rules and regulations of the facility regarding the facility's credentialing process.
- XVIII. The patient shall be entitled to have the patient's parents, if a minor, or spouse, or next of kin, or a personal representative, if an adult, visit the facility, without restriction, if the patient is considered terminally ill by the physician responsible for the patient's care.
- XIX. The patient shall be entitled to receive representatives of approved organizations as provided in RSA 151:28.
- XX. The patient shall not be denied admission to the facility based on medicaid as a source of payment when there is an available space in the facility.

Source. 1981, 453:1. 1989, 43:1. 1990, 18:1-6; 140:2, XI. 1991, 365:10. 1992, 78:1. 1997, 108:6; 331:3-8. 1998, 199:2; 388:5, 6. 2001, 85:1, eff. Aug. 18, 2001.

SUBJECT: Grievance Policy **DEPARTMENT:** Facility **EFFECTIVE:** 06/23/97 **REVISED:** 07/06/11
PURPOSE: To provide written guidelines a patient or the patient's guardian can follow to communicate dissatisfaction with the delivery of patient care.

POLICY:

1. **Once a patient or guardian voices dissatisfaction with the delivery of care, the staff member hearing the complaint should direct the patient to the Practice Administrator.**
If you would like to file a complaint please notify the practice Administrator: Suzanne Foley, 100 Griffin Road, Suite B, Portsmouth, NH 03801
2. **The Practice Administrator will meet with the parties involved and a satisfactory resolution will be determined.**
3. **If the concerned parties remain unsatisfied with the proposed resolution, the Practice Administrator will recommend the patient write a letter to the New Hampshire Department of Health & Human Services, Health Facilities Licensing Unit, 129 Pleasant Street, Concord, NH 03301. The patient may also file the complaint directly to the New Hampshire Department of Health & Human Services being sure to give as much information as possible.**