



# 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.

## Privacy Promise

Dr. Schmelzer and his staff understand that your medical and health information is personal. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

## How We Use Your Health Information

When you receive care, we may use your health information for treating you, billing for services, and conducting our normal business known as health care operations. We may also use your health information to recommend treatment alternatives or to tell you about health services and products that may benefit you. We may share information with family or friends involved in your care or payment for your care. We may share your information with third parties who assist us with treatment, payment and health care operations. All of our business associates must follow our privacy practices. We may notify you to remind you of an appointment by calling, emailing, or sending you a note.

## Sharing Your Health Information

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations are:

- » For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law, and reporting reactions to drugs and problems with medical devices.
- » To protect victims of abuse, neglect, or domestic violence.
- » For health oversight activities such as investigations, audits, and inspections.
- » For lawsuits and similar proceedings or when otherwise required by law or requested by law enforcement as required by law or court order.
- » For research approved by our review process under strict federal guidelines.
- » To reduce or prevent a serious threat to public health and safety.
- » For workers' compensation or similar programs if you are injured at work.

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

## Your Individual Rights

You have the right to request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction. You have the right to request that we use a specific telephone number or address to communicate with you. You have the right to inspect and copy your health information, including medical and billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial. You have the right to request correction or additions to your health information. Your requests must be in writing and must include the period of time desired for the accounting, which must be within the six years prior to your request and exclude dates prior to April 14, 2003. You have the right to request a paper copy of this notice even if you agree to receive it electronically.

## Our Privacy Responsibilities

We are required by law to maintain the privacy of your health information and to provide this notice that describes the ways we may use and share your health information. We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. You may request a copy of any notice from the Privacy Officer.

## More Information

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, please contact:

Privacy Officer  
5089 South 900 East, #100  
Salt Lake City, UT 84117

801-743-0700  
info@craniofacialmd.com

We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.

I, \_\_\_\_\_, have received a copy of Plastic Surgery Associates Notice of Privacy Practices and IHC's Notice of Privacy Practices.

---

Signature of Patient or Guardian

Date

**Rodney Schmelzer, MD** *Plastics, Craniofacial & Reconstructive Surgeon (certified by the Board of Plastic Surgeons)*

p: 801-743-0700 | f: 801-743-0701 | e: info@craniofacialmd.com | w: www.craniofacialmd.com