

THE PLASTIC SURGERY GROUP, S.C.

425 PINE RIDGE BLVD. SUITE 205
WAUSAU, WI 54401
715.847.0444
800.228.1293

Welcome to The Plastic Surgery Group.

Please take time to review some general information about our office.

OUR PATIENT... AN IMPORTANT PERSON

Our concern is to achieve quality results with our state-of-the-art facilities and medical approaches and practices. We believe it is important to stress one idea-your importance to us as an individual. When you trust us to treat you, you are committing to care which is designed for you. We value our association. We hope to see you when you need us. And should or when you need us, we'll be there for you, our patient - to us, the most important person. We look forward to your arrival and appreciate the trust you have placed in us as your health care provider.

BOARD CERTIFICATION

Drs. Butler and Fox are Board Certified. This means they had graduated from an accredited medical school and completed five to seven years of post-graduate training, including a thorough grounding in general surgery and intensive study at a plastic surgery training facility. Rigorous examinations are then conducted by the American Board of Plastic Surgery. Only the most qualified physicians are awarded Board Certification.

Enclosed are forms, which will need to be completed and signed prior to your appointment. It is important that the forms are **completed in entirety** to provide us with detailed information for your medical record as well the insurance filing process. To protect your identity, we will also need to make a copy of a photo ID for personal verification. If you have any questions regarding the forms, please contact our office and we will be glad to assist you.

(OVER)

FINANCIAL COMMENTS

Health insurance and Workman's Compensation claims will be processed and submitted as a courtesy to our patients. We will also submit claims to secondary carriers. You will need to bring your insurance card to your appointment in order for us to send the claim to your insurance company. We will collect your co-pay prior to your appointment.

Patients with medical insurance are asked to remember that professional medical services are rendered to you, the patient, not to the insurance company. You remain responsible for any fees arising from services rendered. We recommend that you review your medical insurance policy to become familiar with its provisions. We would be happy to assist you if needed. Just let us know if you would like our help to understand your insurance coverage and how it impacts the services you may be considering.

We will also submit a pre-authorization to your insurance company whenever it is required. Keep in mind that even if your insurance company authorizes your surgery, this does not necessarily mean it will be paid in full.

Medicare does not offer preauthorization for services.



REMEMBER PLASTIC SURGEONS ARE CONSIDERED SPECIALISTS.
DO YOU NEED A WRITTEN REFERRAL OR AUTHORIZATION?
PLEASE CHECK WITH YOUR INSURANCE CARRIER PRIOR TO YOUR APPOINTMENT.



YOU MUST BRING AND PRESENT YOUR INSURANCE CARDS AND PHOTO IDENTIFICATION. THIS INFORMATION ENABLES US TO FILE A CLAIM TO YOUR INSURANCE COMPANY. IF YOU DO NOT PROVIDE THIS INFORMATION, YOU WILL BE BILLED FOR ALL RENDERED SERVICES.

IF YOU ARE BEING SEEN IN STEVENS POINT OR ANTIGO, PLEASE MAIL, OR FAX A COPY (ALL SIDES), OF YOUR CARD AND PHOTO IDENTIFICATION TO THE WAUSAU OFFICE. FAX: 715-847-0445



A 48 HOUR CANCELLATION NOTICE IS REQUIRED

SECTION I

PATIENT INFORMATION

Last Name _____ First Name _____ Initial _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Leave Message? Y N Cell Phone _____ Leave Message? Y N
Birthdate _____ Sex M F Social Security Number _____ Marital Status _____
Employer _____ Address _____
City _____ State _____ Zip _____ Phone _____ Ext. _____
Referral Source _____ Family Physician _____
Email Address _____

ALTERNATIVE CONTACT

(relative, or other, who we may contact regarding your protected health information)

Last Name _____ First Name _____ Middle Initial _____
Address _____ City _____ State _____ Zip _____
Relationship to Patient Spouse Parent Child Friend Other _____
Home Phone _____ Leave Message? Y N
Other Phone _____ Leave Message? Y N

Cosmetic (non-insurance) Patients - Skip Section II and Go to Section III

Health Insurance Patients - Complete Sections II and III

Other Insurance Type Patients - Complete Section III and Complete Green Billing Form

SECTION II

INSURANCE INFORMATION

*** PLEASE PRESENT ALL APPLICABLE INSURANCE CARDS TO THE FRONT DESK ***

****Primary Insurance**** _____ Address _____
City _____ State _____ Zip _____
Phone _____ Subscriber Name _____
Subscriber Birthdate _____ Subscriber SS# _____
Subscriber I.D.# _____ Group Number _____
Employer _____ Address _____
City _____ State _____ Zip _____ Phone _____ Ext. _____
****Secondary Insurance**** _____ Address _____
City _____ State _____ Zip _____
Phone _____ Subscriber Name _____
Subscriber Birthdate _____ Subscriber SS# _____
Subscriber I.D.# _____ Group Number _____
Employer _____ Address _____
City _____ State _____ Zip _____ Phone _____ Ext. _____

SECTION III**AUTHORIZATION AND POLICY INFORMATION****INSURANCE AUTHORIZATION AND ASSIGNMENT**

I authorize this office to release any information necessary to expedite all types of insurance (including Medicare) claims. I authorize payment (including Medicare benefits) to be made directly to the physician for any services or supplies furnished by that physician. I understand I am responsible for all charges regardless of insurance coverage (excluding Medicare and Medicaid).

COLLECTION FEE POLICY

I understand the following policy: In the event any unpaid balance is placed for collections, with any 3rd party collection agency, and/or placed with an attorney to obtain judgment or otherwise satisfy payment of this account, a fee of 33.3% of the unpaid balance will be added to the total amount due. This amount shall be in addition to any other costs incurred directly or indirectly by The Plastic Surgery Group to collect amounts owed under this agreement. Such costs include, but are not limited to court costs, service fees, filing fees, and other incidentals associated with our collection efforts.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

In accordance with HIPAA (Health Insurance Portability & Accountability Act), I have been provided and/or offered a copy of The Plastic Surgery Group Privacy Notice. I understand the notice may also be found on their website at: www.wausauplasticsurgery.com

SIGNATURE_____
DATE**SECTION IV****AUTHORIZATION FOR PHOTOGRAPHS**

Photographs represent an important part of your medical record. They allow us to objectively evaluate your pre-operative status and your post-operative progress. In some cases the photographs can assist us in detecting important changes in your healing process. Other reasons for use of patient photography are also indicated below. Your photographs are treated with the same confidentiality restrictions as the rest of your medical record in accordance with the HIPAA Privacy Rule of 2001. The photographs will become a permanent part of your medical record. You may obtain copies of your photographs at any time for a nominal fee.

I authorize photographs to be taken and used as follows:

- For patient education purposes
- To use in consultation with other physicians if necessary
- To evaluate your pre-operative status and at intervals during your recovery
- For medical education purposes such as training other medical professionals
- To correspond with your insurance company if applicable.
(In some cases, insurance companies have pre-authorization requirements which necessitate that photographs be obtained and submitted to them prior to surgery.)
- Website education

Your signature authorizes us to take, utilize, and store these photographs as indicated above.

SIGNATURE_____
DATE

PATIENT MEDICAL HISTORY

PATIENT NAME _____
 (Last) (First) (Middle)

PERSONAL MEDICAL HISTORY (CHECK ALL THAT APPLY)	ALLERGIES	
ANEMIA..... _____	ALLERGIES TO MEDICATIONS	REACTION
ARTHRITIS..... _____		
BLEEDING PROBLEMS..... _____		
BLOOD CLOTS/THROMBOSIS ... _____		
BRONCHITIS..... _____	ALLERGIES TO FOOD	REACTION
CANCER..... _____		
CHRONIC INFECTION..... _____		
DIABETES..... _____		
DISABILITIES..... _____	ALLERGIES TO LATEX/OTHER	REACTION
EMPHYSEMA/ASTHMA..... _____		
EYE DISEASE..... _____		
HEART DISEASE..... _____		
HEPATITIS/LIVER DISEASE..... _____		
HIGH BLOOD PRESSURE..... _____	MEDICATIONS PRESCRIPTIONS/NON PRESCRIPTION	
HIV/AIDS..... _____		
INCONTINENCE..... _____		
KIDNEY DISEASE..... _____		
MALIGNANT HYPERTHERMIA ... _____		
NASAL/AIRWAY DISEASE..... _____		
PHLEBITIS..... _____	PREVIOUS SURGERIES/HOSPITALIZATION/INOCULATIONS	
PREGNANCIES (IF YES, HOW MANY) . _____	EXPLANATION	DATE
PSYCHIATRIC..... _____		
SKIN PROBLEMS..... _____		
STOMACH DISEASE/ULCER..... _____		
STROKE..... _____		
TUBERCULOSIS..... _____		
VASCULAR DISEASE..... _____	LAST MAMMOGRAM	
WEIGHT CHANGE..... _____	LAST COLONOSCOPY	
FAMILY HISTORY (CHECK ALL THAT APPLY)	LAST FLU VACCINE	
CANCER..... _____	LAST PNEUMONIA VACCINE	
DIABETES..... _____	OTHER INFORMATION	
HEART DISEASE..... _____	HEIGHT	WEIGHT
MALIGNANT HYPERTHERMIA ... _____	SMOKE	PACKS PER DAY
TUBERCULOSIS..... _____	ALCOHOL/BEER PER DAY	
OFFICE USE ONLY		
HISTORY REVIEWED BY	DATE	PHARMACY/CITY
		RELIGION
		DO YOU LIVE ALONE?
	SIGNATURE	DATE

THE PLASTIC SURGERY GROUP

Patient Name	What is your reason for your visit today?
Date :	

Other than the services we have already provided for you, what additional services would you like to learn about? Please check all that apply

<input type="checkbox"/> Breast enlargement	<input type="checkbox"/> Facial fine lines/wrinkles	<input type="checkbox"/> Scars (Acne or Surgical)
<input type="checkbox"/> Breast reduction	<input type="checkbox"/> Thin lips	<input type="checkbox"/> Sagging skin
<input type="checkbox"/> Breast reconstruction	<input type="checkbox"/> Frown lines between brows	<input type="checkbox"/> Leg veins
<input type="checkbox"/> Breast lift	<input type="checkbox"/> Lines around nose & mouth	<input type="checkbox"/> Neck wrinkles
<input type="checkbox"/> Liposuction - abdomen	<input type="checkbox"/> Drooping brow	<input type="checkbox"/> Abdominal area
<input type="checkbox"/> Liposuction - hips	<input type="checkbox"/> Drooping eyelids	<input type="checkbox"/> Crows feet(eyes)
<input type="checkbox"/> Liposuction - thighs	<input type="checkbox"/> Facelift	<input type="checkbox"/> Body Skin tightening
<input type="checkbox"/> Liposuction - buttocks	<input type="checkbox"/> Neck lift	<input type="checkbox"/> Longer, thicker, darker lashes
<input type="checkbox"/> Tummy tuck	<input type="checkbox"/> Mole removal	<input type="checkbox"/> Chemical peel
<input type="checkbox"/> Sagging arms	<input type="checkbox"/> Hand pain	

How did you hear about us?

<input type="checkbox"/> My physician	<i>Full name:</i>
<input type="checkbox"/> My insurance company provider	<i>Name:</i>
<input type="checkbox"/> Internet	<i>Specify site or search engine::</i>
<input type="checkbox"/> A friend or family member	<i>Name:</i>
<input type="checkbox"/> Yellow Pages	
<input type="checkbox"/> PRACTICE website	
<input type="checkbox"/> Seminar	<i>Date/location:</i>
<input type="checkbox"/> Other	

<input type="checkbox"/> Approval to contact you.	<i>Best phone number to reach you:</i>
<input type="checkbox"/> Approval to send you information on products and services (including special offers)	<i>Email address:</i>

I'm not interested in any additional services provided at this time

↓ For Staff Use Only ↓

Physician / Provider : Dr ABC, Dr CDE, Dr EFG		
<i>Follow-up</i>	<i>Date</i>	<i>Completed by (name)</i>
<input type="checkbox"/> Initial Inquiry/Information Given		
<input type="checkbox"/> Contact in future – give date		
<input type="checkbox"/> Products		
<input type="checkbox"/> Consultation Scheduled		
<input type="checkbox"/> Procedure scheduled		
<input type="checkbox"/> Procedure completed		

Comments

THE PLASTIC SURGERY GROUP, S.C.
PAYMENT POLICY

Deductibles and Co-pays

Prior to your appointment, contact your insurance company to determine if you have a deductible or co-pay responsibility. **Co-pays and unpaid deductibles will be collected at the time of your appointment.** Complete payment of your account is expected within 90 days.

Insurance Identification Cards

In order for us to file a claim with your insurance company, you must present your insurance card(s) at the time of your appointment. A photocopy will be made and placed in your record. It will be your responsibility to notify us of any insurance coverage changes. We will not file a claim with your insurance company unless we have a copy of your insurance card. We will also need a copy of photo identification such as a driver's license. This is to verify and protect the identity of the patient.

Workers Compensation

If the claim is to be filed with a Workers Compensation carrier, it will be your responsibility to contact the employer and obtain **all** of the requested information on the enclosed Workers Comp. Form.

Cosmetic Consultations (For non-medically necessary procedures)

The cosmetic consultation fee of **\$75.00** is required **three days prior** to your appointment. This applies only to patients who are seeking advice for cosmetic procedures or surgery. This does not apply to other types of consultations. This policy is to insure both you and our practice of your commitment to keep the scheduled appointment.

NOTICE: This is non-refundable without a 48-hour notice of cancellation.

Disability Forms

A \$15.00 fee will be charged for processing all disability forms (except workers compensation form WC-16). The \$15.00 fee applies to each form. Payment must be made when form is submitted for processing. No forms will be sent to insurance carriers without the processing fee.

If you have any questions regarding this policy, we invite you to call our office. Our office staff would be happy to help you.

ALTERNATE BILLING INFORMATION

(For worker's compensation, legal, or injury cases only!)

SECTION I WORKER'S COMPENSATION INFORMATION

HAVE YOU FILED A CLAIM WITH YOUR EMPLOYER? YES NO

NAME & TITLE OF PERSON CLAIM SENT TO _____

WORKER'S COMPENSATION INFORMATION

COMPANY NAME _____ PHONE # _____
ADDRESS _____ CLAIM # _____
CITY, STATE, ZIP _____

DATE OF INJURY _____
DATE OF SYMPTOM ONSET _____

PATIENT OR
GUARDIAN SIGNATURE _____ **DATE** _____

SECTION II OTHER INSURANCE/BILLING TYPE INFORMATION

AUTO HOME OWNERS LEGAL/LIABILITY OTHER

RESPONSIBLE INSURANCE AND/OR ATTORNEY INFORMATION

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE _____

NAME OF
POLICY HOLDER _____ CLAIM # _____
DATE OF ACCIDENT _____
PLACE OF ACCIDENT _____

PATIENT OR
GUARDIAN SIGNATURE _____ **DATE** _____

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 READ IT CAREFULLY.

Effective Date: April 14, 2003

Purpose: Federal law requires The Plastic Surgery Group, S.C. to inform its patients about the ways that The Plastic Surgery Group, S.C. may use and disclose your protected health information. In addition, federal law requires The Plastic Surgery Group, S.C. to inform patients of your rights regarding disclosures of your health information.

It is the policy of The Plastic Surgery Group, S.C. to keep medical information confidential and not disclose patient protected health information without your consent, authorization or as specifically allowed by the federal privacy law or other federal or state law as described in this notice. We are required to abide by the terms of our Privacy Notice that is currently in effect.

All The Plastic Surgery Group, S.C. patients have a right to read this notice. Any question about The Plastic Surgery Group's privacy practices or questions you may have regarding possible violations of your privacy may be directed to The Plastic Surgery Group, S.C. clinic personnel. To facilitate complaints, The Plastic Surgery Group, S.C. requests that you use our complaint form available at the clinic reception desk. This form will be sent to The Plastic Surgery Group, S.C. Privacy Officer who will address any concerns. No patient will be retaliated against for filing a complaint.

All forms and policies referred to in this document are available to you through The Plastic Surgery Group, S.C. Reception and through The Plastic Surgery Group, S.C. Privacy Officer.

The Plastic Surgery Group, S.C. Privacy Officer can be reached at:

The Plastic Surgery Group, S.C.
Attn: Privacy Officer
425 Pine Ridge Blvd. Suite 205
Wausau, WI 54401
715-847-0444

In addition to filing a complaint at The Plastic Surgery Group, S.C., any patient may also contact the federal government directly, specifically the Department of Health and Human Services at the contact information below:

The U.S. Department of Health and Human Services
200 Independence Avenue,
S.W. Washington, D.C. 20201 (202) 619-0257 Toll Free: 1-877-696-6775

Email: hhs@mail@os.dhhs.gov

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The Plastic Surgery Group, S.C. may use and disclose protected health care information without your consent or authorization in certain circumstances. For purposes of treatment, payment and health care operations, The Plastic Surgery Group, S.C. may make use of or disclose your information once you have signed our ***Consent to Use Protected Health Information*** form. State and federal law allow The Plastic Surgery Group, S.C. to use/disclose your protected health information in other defined circumstances as well. Except in treatment circumstances, The Plastic Surgery Group, S.C. will make efforts to limit the information used or disclosed to that which is minimally necessary. Following are a listing of these circumstances and examples of uses and disclosures to assist your understanding of our privacy practices.

1. **Treatment:** Once you sign a consent, The Plastic Surgery Group, S.C. will use your protected health information in order to treat you in The Plastic Surgery Group, S.C., to facilitate appropriate transfer of information to consulting specialists or referral center of health care (e.g., the hospital or surgical centers), and to ensure continuity of care and coordinate your health care through case management.

Examples of this type of disclosure follow. The Plastic Surgery Group, S.C. doctors and support staff will need to access your health information regarding medications and ongoing medical problems to best manage your care at The Plastic Surgery Group, S.C. In addition, we may need to send selective information to other health care providers. For example, we might send a letter and pathology results to your primary care physician, or the referring physician to consult him or her. To ensure optimal continuity of care, The Plastic Surgery Group, S.C. will send pertinent copies of diagnostic tests to a hospital to avoid repeating tests and to prepare the health care providers at the hospital for your arrival.

2. **Payment:** The Plastic Surgery Group, S.C. will use and disclose your health information to send bills and to collect payment from you, your insurance company and other third-parties for services you have received at The Plastic Surgery Group, S.C.

Examples of this type of disclosure include sending health information about dates of service and type of service/procedures performed to your health insurance company in order to receive reimbursement. In addition, some health insurance companies require pre- certification for some procedures and The Plastic Surgery Group, S.C. may have to disclose the type of procedure to be performed and the diagnosis justifying the procedure.

3. **Health Care Operations:** In order to ensure quality care for our patients, The Plastic Surgery Group, S.C. engages in numerous health care operations. These health care operations include, but are not limited to:
 - Care management and case coordination
 - Guideline and protocol development
 - Administrative and business management activities
 - Business planning and development
 - Training, accreditation, certification, licensing or credentialing
 - Health care improvement and quality management programs
 - Health care cost-reduction programs
 - Staff competence and provider reviews
 - Legal and accounting services
 - Medical review and auditing
 - Investigating and resolving internal grievances

Some specific examples of how The Plastic Surgery Group, S.C. would use your protected health information in its health care operations include the following:

- Removal of personal identifying information from your record so that it can be used for patient record audits that evaluates the documentation and billing process for compliance with federal and state regulations.
- Conducting patient satisfaction surveys. The Plastic Surgery Group, S.C. may reference your chart if you comment that you were not satisfied with the care you received.
- Presenting patient cases to national review and certification boards as part of ongoing training. If your information is used in a case presentation it would be de-identified.
- Using and disclosing your medical information to recommend treatment options that may be of interest to you.
- Using and disclosing your medical information to other patients considering treatment similar to treatment you received. You would receive and sign a separate consent form in this event.
- Using and disclosing your information for the purpose of medical education of other health care providers, medical students, and medical residents. You would receive and sign a separate consent form in this event.

4. **Federal, State of Local Law:** The Plastic Surgery Group, S.C. will disclose your protected health information when required to do so by state, federal or local law.

For example, The Plastic Surgery Group, S.C. will report gunshot wound information and information about suspicious burns to the local police or sheriff.

5. **Public Health Policy:** The Plastic Surgery Group, S.C. will disclose your health information to public health departments and agencies if required to do so by law.

For example, diseases such as hepatitis, TB and certain sexually transmitted diseases are reported to public health departments. Additionally, some adverse side effects are reported to the FDA.

6. **Organ and tissue donation:** If needed, The Plastic Surgery Group, S.C. may disclose protected health information to relevant organization to facilitate organ and tissue donation and transplantation.
7. **Research:** The Plastic Surgery Group, S.C. sometimes participates in research studies for new treatments and would share protected health information with the research organization. In these circumstances, any The Plastic Surgery Group, S.C. patient participating in the research study would sign a separate consent to be in the study and to share specific health information.
8. **Circumstances of Serious and Imminent Threat to Health or Safety:** If there is a serious and imminent threat to your health or safety or the health or safety of the public or another person, The Plastic Surgery Group, S.C. may disclose your protected health information.
9. **Victims of Abuse or Neglect:** The Plastic Surgery Group, S.C. will notify the appropriate government authority if The Plastic Surgery Group, S.C. believes a patient has been the victim of abuse or neglect.

For example, The Plastic Surgery Group, S.C. will contact Child Protective Services in cases of suspected or alleged child abuse.

10. **Coroners and Medical Examiners:** The Plastic Surgery Group, S.C. may disclose information to a coroner or medical examiner to assist with determining the cause of a death.

For example, if a patient dies and their death is investigated by the medical examiner, the medical examiner may contact The Plastic Surgery Group, S.C. to determine what health problems the patient may have had and what medications the patient was taking prior to his/her death.

11. **Health Oversight Activities:** The Plastic Surgery Group, S.C. may disclose protected health information to certain health oversight activities authorized by law including audits, investigations, accreditations, licensure or disciplinary activities.

For example, the Department of Health and Human Services is authorized to access protected health information to investigate violations of the HIPAA Privacy Rule.

12. **Worker=s Compensation:** The Plastic Surgery Group, S.C. may disclose your medical records to worker=s compensation departments for the benefit of treatment and case management of work-related injuries.

For example, if you injure your back at work, The Plastic Surgery Group, S.C. may release recommendations on your diagnosis, treatment, work modification/time off and expected length of illness to the worker=s compensation department.

13. **Government Functions:** In some circumstances, The Plastic Surgery Group, S.C. can disclose your protected health information for specific government activities. Examples of these include:

- Inmates and Law Enforcement Custody: If you are an inmate, The Plastic Surgery Group, S.C. may disclose medical information to the correctional institute or law enforcement as necessary.
- Medical Suitability Determinations: The Plastic Surgery Group, S.C. may disclose your protected health information to the Department of State for use in making medical suitability determinations.
- Military and Veterans: If you are a member of the armed forces, The Plastic Surgery Group, S.C. may disclose your protected health information to the government to facilitate military missions.
- National Security and Intelligence: If authorized by law, The Plastic Surgery Group, S.C. may disclose your protected health information for intelligence, counter-terrorism and national security activities.
- Protective Services for the President and Others: In order to provide protection to the president or foreign heads of state, The Plastic Surgery Group, S.C. may need to disclose your protected health information, only if authorized by law.

14. **Judicial Proceedings:** The Plastic Surgery Group, S.C. may release protected health information in response to a court order.

Examples of these kinds of disclosures include:

- In response to a subpoena, court order, warrant or summons.
 - Identification or location procedures of suspects, fugitives, material witnesses or missing persons.
 - Release of information concerning the victim of a crime (only in circumstances where efforts have been made to inform you about the request or efforts have been made to protect the information requested).
 - Information about a death The Plastic Surgery Group, S.C. believes may be the result of criminal activity.
 - Information about criminal activities that occur at The Plastic Surgery Group, S.C..
 - In emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.
15. Disclosures for purposes of quality, safety and effectiveness about FDA regulated products.
- Examples
 - Reports of adverse drug effects
 - To enable product recalls

DISCLOSURES THAT YOU MAY OBJECT TO

Unless you object, The Plastic Surgery Group, S.C. may also use or disclose limited medical information in the following situations:

1. The Plastic Surgery Group, S.C. may contact you (or leave a message for you), to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.
2. The Plastic Surgery Group, S.C. currently does not use your health information for fundraising purposes. If The Plastic Surgery Group, S.C. chose to use your information for fundraising, The Plastic Surgery Group, S.C. would get your approval for this disclosure prior to any release of information.
3. The Plastic Surgery Group, S.C. currently does not use your information for external marketing purposes and will not use any health information for marketing unless you have given specific consent for this disclosure. Please see the ***Marketing Policy*** for full details.
4. The Plastic Surgery Group, S.C. will release medical information to a family member or friend regarding your condition only as you specifically designate and have consented to. This is fully detailed in the ***Facility Directory Policy***.

Any other uses or disclosures will be made only with your written authorization and you may revoke this authorization in writing at any time. The Plastic Surgery Group, S.C. requests that you use our ***Authorization for Release of Medical Information*** and our ***Revocation of Authorization to Release Medical Information*** forms for these purposes.

Patient Rights Regarding Protected Health Information

As a patient, you have numerous rights regarding how your protected health information is used. Your rights include the following:

5. You have a right to request that we restrict our uses and disclosures of protected health information. For example, The Plastic Surgery Group, S.C. will permit a patient to request that it restrict uses or disclosures of protected health information about the patient to carry out treatment, payment or health care operations; disclosures of protected health information directly relevant to the involvement of a family member, personal representative or another person responsible for the care of the patient; or to entities involved in disaster relief purposes. The circumstances in which you can request restrictions are detailed in the ***Policy for Requesting Restrictions of Protected Health Care Information***. It is important to understand that The Plastic Surgery Group, S.C. is not required to agree to requests for restrictions.

6. You have a right to receive communications that contain protected health information at alternative locations or by alternative means. For example, patients may request that The Plastic Surgery Group, S.C. contact them at work for appointment reminders rather than at home provided that the patient provides The Plastic Surgery Group, S.C. with his or her work contact number. However, The Plastic Surgery Group, S.C. will not honor a request for alternative contact methods unless the patient provides sufficient alternative address or contact information. These are detailed in the ***Policy for Requesting Restrictions of Protected Health Care Information***.
7. You have the right to inspect and copy your protected health information. The Plastic Surgery Group, S.C. requests that you use the ***Authorization for Release of Medical Information*** form when exercising this right. The Plastic Surgery Group, S.C. may charge a reasonable fee for the costs of copying, mailing or preparing summary information that responds to your request. You should know that in certain limited circumstances, the law allows The Plastic Surgery Group, S.C. to deny your request to inspect and copy your records. The full policy and procedures regarding this are detailed in the ***Policy on Individual Access to Protected Health Information***.
8. You have the right to have changes made to your protected health information if you feel it is inaccurate. The Plastic Surgery Group, S.C. requests that you use our ***Request for Amendment of Health Information*** form to request these changes. The Plastic Surgery Group, S.C. will review your request and make the changes if we believe they are appropriate. The Plastic Surgery Group, S.C. will also distribute these changes to health care providers that you ask be made aware of the change or to others we believe should know of the change. Under some circumstances, The Plastic Surgery Group, S.C. may deny your request for an amendment to your protected health information. The Plastic Surgery Group, S.C. will provide a written response to your request for an amendment and in this response will provide detailed information on how you may review the changes or appeal the denial. Your right to amend health care information is fully detailed in the ***Patient Request To Amend Medical Records Policy***.
9. You have a right to receive an accounting of our disclosures of your protected health information by The Plastic Surgery Group, S.C.. This accounting will not include disclosures of your health information made for treatment, payment or health care operations. The Plastic Surgery Group, S.C. requests that you use the ***Request for Accounting of Protected Health Information*** form to receive this log. Your request must specify a time period for the accounting, which may be no longer than six years. The Plastic Surgery Group, S.C. will provide the first accounting to you in any 12-month period free-of-charge. After this, The Plastic Surgery Group, S.C. may charge a fee but we will notify you of the fee before we process the request. You have the right to withdraw your request once you have learned that your request will require you to pay a fee. The full details of our policy and procedures for receiving a log of disclosures of your protected health information and the circumstances in which disclosures will not be provided in the accounting is described in the ***Policy on Accounting of Disclosures of Protected Health Information***.

10. You have a right to receive a paper copy of this Privacy Notice at any time. If you have received an electronic version of this Privacy Notice you may also request a paper copy. Paper copies are available through Reception or may be printed from our web site. You may call or write Reception at:

The Plastic Surgery Group, S.C.
425 Pine Ridge Blvd. Suite 205
Wausau, WI 54401
715-847-0444

Distribution and Revision of the Privacy Notice

The Plastic Surgery Group, S.C. is required by federal law to maintain the privacy of protected health information and to provide patients with notice of its legal duties and to abide by the terms of this Privacy Notice. The Plastic Surgery Group, S.C. will distribute this privacy notice to all clinic patients who will be seen on or after the effective date. The Plastic Surgery Group, S.C. will post the notice in a clear and prominent location in all of its clinics and on its web site. The Plastic Surgery Group, S.C. will provide the Privacy Notice via email to any requesting patient who agrees to an electronic notice. The Plastic Surgery Group, S.C. patients may, at any point, withdraw their agreement to an electronic Privacy Notice. Any patient who receives an electronic Privacy Notice may also obtain a paper copy if requested.

The Plastic Surgery Group, S.C. will also make efforts to obtain written acknowledgement that patients have received and reviewed the Privacy Notice.

The Plastic Surgery Group, S.C. is allowed to make revisions to the Privacy Notice. If revisions are made, the notice of these revisions will be distributed to current patients of The Plastic Surgery Group, S.C. within 60 days of a revision as well as information on how to obtain a copy of the revised Privacy Notice.

Other:

All forms and policies referred to in this Privacy Notice are available for you at The Plastic Surgery Group, S.C. Reception or through The Plastic Surgery Group, S.C. Privacy Officer.