



## University of Virginia Plastic Surgery

### Privacy Statement

**Patient Name:**

**DOB:**

The personnel of University of Virginia Plastic Surgery including our employees, manager, nurses and doctor undergo continual training so that they may understand and comply with government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPAA) with particular emphasis on the "Privacy Rule." We maintain the very highest standards of ethics and integrity when providing services to our patients.

Our policy is to properly determine appropriate use of PHI in accordance with the governmental rules, laws, and regulations. We ensure that our practice never contributes in any way to the growing problem of improper disclosure of PHI. As part of this plan, we have implemented a Compliance Program that we believe will help us prevent any inappropriate use of PHI.

We value your input as a patient and the input of our employees. If you feel your privacy has been compromised in any way, please ask to speak with our compliance officer or express your concern directly to your physician.

Please read the following "Notice of Privacy".

#### **NOTICE OF PRIVACY**

The department of Health and Human Services has established a "Privacy Rule" to help insure that personal health information (PHI) is protected for privacy. The Privacy Rule provides standards for health care providers to follow when disclosing patient health information that is needed to carry out proper treatment, payment, or health care operations.



**Patient Name:**

**DOB:**

As our patient we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum amount of necessary information to only those we feel are in need of your health care information. We strive to provide the best health care that is in your best interest.

We also want you to know that we support your full access to your personal medical records. If you want to request restrictions pertaining to parties you do not want PHI released to please tell our compliance officer and it will be documented in your chart. You will be asked to authorize release of PHI to any party that is directly connected to your treatment, payment, or health care operations.

If you have any questions, comments, or objections to the privacy policy on this form, please ask to speak with our compliance officer. You have the right to review our entire privacy policy manual upon request.