



Dr. Ali Tehrani

18064 Wika Road, Suite 103, Apple Valley, CA 92307

Phone: (760) 240-2444 · Fax: (760) 240-5554

www.tehraniplasticsurgery.com

PATIENT PRIVACY FORM

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. Tehrani Plastic Surgery is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information. Other than stated, Tehrani Plastic Surgery will not disclose your health information other than with your written authorization.

DISCLOSURE OF YOUR HEALTH CARE INFORMATION

TREATMENT: We may disclose your health care information to other health care professionals within our practice for the purpose of treatment, payment or health care operations.

PAYMENT: We may disclose your health care information to your insurance provider for the purpose of payment or health care operations.

WORKER'S COMPENSATION: We may disclose your health care information as necessary to comply with State Workers' Compensation Laws.

EMERGENCIES: We may disclose your health care information to notify, or assist in notifying, a family member or another person responsible for your care about your medical condition in the event of an emergency or of your death.

PUBLIC HEALTH: As required by law, we may disclose your health information to public health authorities for purposes related to preventing or controlling disease, injury or disability, reporting child 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 exposures.

JUDICIAN AND ADMINISTRATIVE PROCEEDINGS: We may disclose your health information in the course of any administrative or judicial proceeding.

LAW ENFORCEMENT: We may disclose your health care 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 or subpoena, and other law enforcement purposes.

DECEASED PERSONS: We may disclose your health care information to coroners or medical examiners.

ORGAN DONATION: We may disclose your health care information to organizations involved in procuring, banking or transplanting organ and tissues.

RESEARCH: We may disclose your health care information to researchers conducting research that has been approved by an Institutional Review Board.

PUBLIC SAFETY: It may be necessary to disclose your health care 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 to the general public.

SPECIALIZED GOVERNMENT AGENCIES: We may disclose your health care information for military, national security, prisoner and government benefits purposes.

MARKETING: We may contact you for marketing purposes or fund raising purposes.

FOR APPOINTMENT REMINDERS: We may use and disclose your health information when we contact you as a reminder that you have an appointment.

CHANGE OF OWNERSHIP: In the event that Tehrani Plastic Surgery is sold or merged with another organization your health information/record will become the property of the new owner.

PATIENT PRIVACY FORM

YOUR HEALTH INFORMATION RIGHTS

You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Tehrani Plastic Surgery is not required to agree to the restriction that you requested.

You have the right to have your health information received or communicated through an alternate method or sent to an alternate location other than the usual method of communication or delivery, upon your request.

You have a right to request that Tehrani Plastic Surgery amend your protected health information. Please be advised, however, that Tehrani Plastic Surgery is not required to agree to amend your protected health information, if your request for amendment has



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been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.

You have the right to inspect and copy your health information, including billing records. Such request may be made to the administrator / manager of the agency. This must be a written request.

You have the right to receive an accounting of disclosures of your protected health information by Tehrani Plastic Surgery.

You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

Tehrani Plastic Surgery reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made Tehrani Plastic Surgery is required by law to comply with this notice. Tehrani Plastic Surgery is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information.

Patient/Guardian Signature

Date

Patient/Guardian Printed Name

Witness Signature

Date