

THE GRAIVIER CENTER

PLASTIC SURGERY • MEDSPA

CONSENT TO COMMUNICATE PATIENT INFORMATION

The Graivier Center takes your privacy seriously. To better serve your communication style, we are requesting you complete the information below indicating how to reach you. We do not share this information with anyone. This information will be kept in your medical chart as a reference for our use only.

Patient Name: _____

Date: _____

Preferred method of contact (select all that apply)

Cell Phone _____

Okay to leave message? Y N

Home Phone _____

Okay to leave message? Y N

SMS Text _____

Email _____

I hereby authorize The Graivier Center and its staff to communicate with me as indicated above. I understand email and standard SMS messaging are not confidential methods of communication and may be insecure. I further understand that, because of this, there is a risk that email and standard SMS messaging regarding my medical care might be intercepted and read by a third party.

Patient Signature or Authorized Signature of a Minor

Date

Your rights:

You may revoke this consent at any time by providing written notice to: The Graivier Center, 3333 Old Milton Pkwy, Suite 260, Alpharetta, GA 30005

You are entitled to receive a copy of this consent upon request.

THE GRAIVIER CENTER

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IMPORTANT INFORMATION ABOUT PATIENT EMAIL, TEXT, DIRECT MESSAGE

As a patient of The Graivier Center and Medspa, PC you may request we communicate with you by electronic mail (email), text or direct message. This Fact Sheet will inform you about the risks of communicating with our office and how we will use and disclose provider/patient email, text and direct message.

PLEASE READ THIS INFORMATION CAREFULLY

Email, text and direct message communications are two-way communications. However, responses and replies to emails, texts and direct messages sent to or received by either you or your health care provider may be hours or days apart. This means that there could be a delay in receiving treatment for an acute condition.

If you have an urgent or an emergency situation, you should not rely solely on provider/patient email, text or direct message to request assistance or to describe the urgent or emergency situation. Instead, you should contact the office at 770-772-0695 or call 911.

Email, text and direct messages on your computer, your laptop, and /or your phone have inherent privacy risks-especially when your email access id provided through your employer or when access to your email, text or direct messages is not password protected.

Unencrypted email, text and direct message provides as much privacy as a postcard. You should not communicate any information with your health care provider that you would not want to be included on a postcard that is sent through the Post Office.

Email, text and direct messages may be inadvertently missed. Email, text and direct messages are sent at the touch of a button. Once sent, they cannot be recalled or cancelled. Errors in transmissions, regardless of the sender's caution, can occur.

In order to forward or to process and respond to your email, text or direct message, associate staff may read your message. Your email, text and direct message is not a private communication between you and your treating provider.

Neither you nor the person reading your email, text or direct message can see the facial expressions or gestures or hear the voice of the sender. Email, text and direct message can be misinterpreted.

At your health care provider's discretion, your email, text and direct messages and any and all responses to them may become part of your medical record.

PLEASE RETAIN, THIS IS FOR YOUR RECORDS

THE GRAIVIER CENTER

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NOTICE OF HIPAA 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.

The Health Insurance Portability and Accountability Act of 1996 (“**HIPAA**”) is a federal statute that requires that all protected health information used or disclosed by The Graivier Center and Medspa, PC (“**Practice**”) in any form, whether electronically, on paper, or orally, are kept confidential. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services (“**PHI**”). As required by HIPAA, this Notice of Privacy Practices (“**Notice**”) describes how the Practice is required to maintain the privacy of your PHI, to provide you with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI, and describes how it may use and disclose PHI. It also describes your rights to access and control your PHI. We are required to abide by the terms of this Notice and any other notice currently in effect.

Use and Disclosures of PHI

Your PHI is subject to use or disclosure by the Practice’s physicians, office staff, employees or other third parties that are involved in your care and treatment, including electronic disclosures. It is the Practice’s responsibility to ensure that all uses or disclosures are made in accordance with HIPAA and as further detailed below in this Notice.

Required Disclosures: The Practice is required to disclose PHI to you directly when requested in accordance with your rights described below or the Department of Health and Human Services when investigating or determining the Practice’s compliance with HIPAA.

NO AUTHORIZATION REQUIRED

Treatment: The Practice will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party, consultation between physicians relating to your care, or your referral for health care to another physician. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to provide you the proper care or to a pharmacy to fill a prescription.

Payment: The Practice will use and disclose your PHI, as needed, as it relates to payment for your health care services. This may include obtaining reimbursement information for the health care services you are receiving, confirming coverage or co-pay amounts under your health plan, billing and collecting from you, an insurance company, or a third party for your health care services, or obtaining precertification or preauthorization for specific health care services. For example, the Practice may send a claim for payment to your insurance company and that claim may contain PHI such as a code describing your diagnosis or medical treatment.

Health care Operations: The Practice will use and disclose your PHI, as needed, in order to support the business operations of the Practice. These activities include, but are not limited to, quality assessment and improvement activities, auditing functions, cost-management analysis, or training. For example, the Practice may use or disclose your PHI during an audit of its billing practice or HIPAA compliance. In addition, the Practice may use a sign-in sheet at the registration desk where you will be asked to sign your name. The Practice may also call you by name in the waiting room when your physician is ready to see you. The Practice may also contact you to provide appointment reminders or information about treatment alternatives or other

health-related benefits and services that may be of interest to you. The Practice may also contact you for the Practice's fundraising purposes which you will have the opportunity to opt-out.

Business Associates: The Practice will use and disclose your PHI, as needed, to business associates. There are some services provided in the Practice through contracts with business associates (i.e., the Practice may disclose PHI to a company who bills insurance companies on the Practice's behalf to enable that company to assist in obtaining payment for the healthcare services provided). To protect your PHI the Practice will require its business associates to appropriately safeguard the information.

Other Uses or Disclosures: The Practice may also disclose your PHI for the following additional purposes without your authorization: when required by law (statute, law enforcement, judicial or administrative order); for public health activities (PAGE 1 OF 2) (to public health or legal authorities charged with preventing or controlling disease, injury, disability, child abuse or neglect, etc., as required by law); when there is a belief you are a victim of abuse, neglect, or domestic violence; for health oversight activities (to public agencies or legal authorities charged with overseeing the health care system, government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights); for judicial or administrative proceedings (pursuant to court order or subpoena if assurances are received); for law enforcement purposes; to funeral directors, coroners, or organ procurement organizations; for research; if there is a belief of a serious threat to health and safety; for certain essential government functions (national security, military, etc.); to comply with workers' compensation; and as part of a limited data set pursuant to a data use agreement for research, public health or health care operations.

AUTHORIZATION REQUIRED

Any uses or disclosures outside the scope described above will be made only with your written authorization. Most uses or disclosures of psychotherapy notes, and of PHI for marketing purposes and the sale of PHI require an authorization. You may revoke such authorization in writing at any time and the Practice is required to honor and abide by that revocation, except to the extent that it has already taken actions relying on your authorization.

Your Rights for PHI

You have the right to obtain a paper copy of this Notice, including if you have agreed to receive the Notice electronically, and you may exercise any of the rights described below by contacting the Practice and requesting to speak with the Privacy Officer.

You have the right to make reasonable requests to receive confidential communications of your PHI from the Practice by alternative means or at alternative locations.

You have the right to request restrictions on uses and disclosures of PHI for treatment, payment or healthcare operations, or disclosures to family members, other relatives, close personal friends, or any other person identified by you. Generally, the Practice is not legally required to agree to a requested restriction. However, if the request is made to restrict disclosure to a health plan for purposes of carrying out Payment or Health Care Operations and the PHI pertains solely to a health care item or service for which you have paid out of pocket in full, the Practice is legally required to agree to the requested restriction.

You have the right to read or obtain a copy of your PHI or choose to get a summary of your PHI in lieu of a copy. There are some reasons why the Practice may deny such a request which will be delivered to you in writing stating the reason. If a summary or copy of your PHI is provided, you may have to pay a reasonable fee.

You have the right to request the Practice to amend or correct your PHI to the extent legally and ethically permissible. If the Practice denies the request, it will do so in writing and you will have the ability to file a statement of disagreement. You also have the right to amend your records by providing us with a written addendum with respect to any item or statement in your record that you believe to be incomplete or incorrect (limited to 250 words per alleged incomplete or incorrect item).

You have the right to receive an accounting of the disclosures of PHI by the Practice in the last six years but it will not include certain disclosures including those made for treatment, payment, healthcare operations or where you specifically authorized a use or disclosure.

Complaints

You have recourse if you feel that the privacy of your PHI has been violated. If you feel there has been a violation, you have the right to file a complaint by submitting your complaint in writing by mail to the address above or by fax at the number above. You may also contact the Practice directly by telephone. For all complaints, please ask for or direct attention to the Office Manager at 770-772-0695. There will be no retaliation for filing a complaint. You may also file a complaint with or contact the Department of Health and Human Services, Office for Civil Rights at: Sam Nunn Atlanta Federal Center, Suite 16T70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909, Customer Response Center: (800) 368-1019, Fax: (202) 619-3818
TDD :(800) 537-7697, Email: ocrmail@hhs.gov

Effective Date This Notice is effective as of September 1, 1998. The Practice reserves the right to change the terms of this Notice and to make any such changes or amendments effective for all PHI that it maintains. The Practice will periodically post from time to time, and you may request a written copy of, any updated versions of this Notice.



NOTICE OF MEDICAL 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.

THIS NOTICE IS FROM The Graivier Center and MedSpa, PC (COLLECTIVELY REFERRED TO HEREIN AS “PROVIDER”).

PROVIDER (“PROVIDER”) provides plastic surgery, outpatient surgery and related services. PROVIDER desires to maintain the privacy of health information and desires to provide patients with a notice of its legal duties and privacy practices. PROVIDER will not use or disclose private health information except as described in this notice. “Private Health Information” is information about you which was created or received by PROVIDER and that relates to a past, present or future physical or mental health or condition, or the provision of, or payment for, health care and which could be used to identify the patient.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS. The following categories describe the ways that PROVIDER may use and disclose private health information without written authorization.

Treatment: PROVIDER will use health information in the provision and coordination of healthcare. We may disclose all or any portion of private health information, such as medical reports, to attending physicians and other health care providers who have a need for such information in the care and continued treatment of the patient. PROVIDER also may disclose health information to other people, such as family members, clergy and others who may be involved in the patient’s care.

Payment: PROVIDER may release private health information about the patient for the purposes of determining coverage, billing, claims management, private health data processing, and reimbursement. The information may be released to a health plan or health insurer, or a workers compensation or other insurance company responsible for payment of our services, an employer involved in a workers’ compensation program, and a third party payer or other entity (or their authorized representatives) involved in the payment of the patient’s medical bill, and may include copies or excerpts of the private health record which are necessary for payment of the account. For example, a bill sent to a third party payer may include information that identifies the patient, the diagnosis, and the modalities used, and may include a copy of the medical report.

Health Care Operations: PROVIDER may use and disclose private health information during routine healthcare operations including, without limitation, utilization review, evaluation of our staff, assessing the quality of care and outcomes in the patient’s case and similar cases, internal auditing, accreditation, certification, licensing or credentialing activities, private health research and educational purposes.

Scheduling and Appointment Reminders: PROVIDER may use and disclose private health information obtained when scheduling medical or other healthcare services and when it contacts the patient as a reminder of an appointment for services. PROVIDER may also use and disclose private health information to tell the patient or others of information about treatment alternatives or other health-related benefits and services of possible interest to the patient.

Business Associates: PROVIDER may use and disclose certain private health information about the patient to business associates. A business associate is an individual or entity under contract with the PROVIDER to perform or assist PROVIDER in a function or activity which necessitates access to, or the use or disclosure of, private health information. Examples of business associates, include, but are not limited to, a copy service used by PROVIDER to copy private health records, consultants, accountants, lawyers, practice management organizations, private health transcriptionists, case managers, marketing and customer service personnel and third-party billing companies. PROVIDER will attempt to require the business associate to protect the confidentiality of private health information.

Regulatory Agencies: PROVIDER may disclose private health information to a health oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections.

Law Enforcement/Litigation: PROVIDER may disclose private health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

Public Health: PROVIDER may disclose private health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, PROVIDER may be required to report the existence of a communicable disease to the Department of Health to protect the health and wellbeing of the general public.

Workers Compensation: PROVIDER may release private health information to employers, health care providers, examiners, judges, insurance companies, and others with a need to know, in connection with workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Military/Veterans: PROVIDER may disclose private health information as required by military command authorities, if the patient is a member of the armed forces.

Required by Law: PROVIDER will disclose private health information about you when required to do so by law including, without limitation, for judicial or administrative proceedings, to report information related to victims of abuse, neglect or violence, to assist law enforcement officials in their law enforcement duties.

Coroners, Medical Examiners, Funeral Directors: PROVIDER may release private health information to a coroner or private health examiner. This may be necessary, for example, to identify a deceased person or to determine a cause of death. PROVIDER may also release private health information to funeral directors as necessary to carry out their duties.

Other Uses: Any other uses and disclosures will be made only with written authorization.

PATIENT HEALTH INFORMATION RIGHTS: Although all records concerning treatment are the property of PROVIDER you have the following rights concerning private health information. (“CFR” below stands for the Code of Federal Regulations). To exercise any of these rights, please contact the Privacy Officer identified below, in writing.

Right to Confidential Communications: You have the right to receive confidential communications of your private health information by alternative means or at alternative locations as provided by 45 CFR Â§ 164.522. For example, you may request that PROVIDER only contact you at work or by mail.

Right to Inspect and Copy: You have the right to inspect and copy your private health information as provided by 45 CFR Â§164.524.

Right to Amend: You have the right to amend your private health information as provided by 45 CFR Â§164.526.

Right to an Accounting: You have the right to receive an accounting of disclosures of your private health information as provided by 45 CFR Â§164.528.

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your private health information as provided by 45 CFR Â§164.522. PROVIDER may not agree to honor the request.

Right to Receive Copy of this Notice: You have the right to receive a paper copy of this Notice, upon request.

Right to Revoke Authorization: You have the right to revoke your authorization to use or disclose your private health information except to the extent that action has already been taken in reliance on your authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM: If you have questions and would like additional information, you may contact: L. Coons at the number and address below.

If you believe your privacy rights have been violated, you may file a complaint with PROVIDER and/or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the PROVIDER, please contact: L. Coons, Office Manager at 3333 Old Milton Pkwy, Suite 260, Alpharetta, GA 30005. All complaints must be submitted to the Privacy Officer in writing at the above address. There will be no retaliation for filing a complaint.

CHANGES TO THIS NOTICE: PROVIDER will abide by the terms of the Notice of Health Information Practices currently in effect. PROVIDER reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains. PROVIDER will post any revised Notice (prior to implementation of same).

NOTICE EFFECTIVE DATE: The effective date of the notice is 9/1/1998.

THE GRAIVIER CENTER

PLASTIC SURGERY • MEDSPA

PATIENT REQUEST FOR EMAIL, TEXT or DM COMMUNICATIONS

PATIENT: _____

DOB: _____

EMAIL: _____

CELL PHONE #: _____

Communications over the Internet and/or using the email system or texting may not be encrypted and may not be secure. There is no assurance of confidentiality when communicated via email, text or DM.

Please be advised that: This request applies to The Graivier Center and Medspa, PC and/or associated staff.

I understand and agree to the following:

- I certify the email address and mobile number provided on this request is accurate, and that I accept full responsibility for messages sent to or from this address and mobile device.
- I have received a copy of the IMPORTANT INFORMATION ABOUT PATIENT EMAIL, and DM form and I have read and understand it.
- I understand and acknowledge that communications over the Internet and/or using the email system, texting or direct messaging may not be encrypted and may not be secure; that there is no assurance of confidentiality of information when communicating this way.
- I understand that all email communications, text messages, and direct messaging in which I engage may be forwarded to other providers for purposes of providing treatment to me.
- I agree to hold The Graivier Center and Medspa, PC and/or individuals associated with it harmless from any and all claims and liabilities arising from or related to this request to communicate via email, text message or direct message.

PATIENT / GUARDIAN SIGNATURE

DATE

If personal representative, authority to act on behalf of patient