

Ohio Clinic® for Aesthetic and Plastic Surgery  
Michael H. Wojtanowski, MD., FACS  
2237 Crocker Road Suite 140  
Westlake, Ohio 44145  
Phone: 440-808-9315  
FAX: 440-808-9320

PATIENT COPY

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**NOTICE OF PRIVACY PRACTICE**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

Ohio Clinic for Aesthetic and Plastic Surgery is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. Ohio Clinic for Aesthetic and Plastic Surgery is required by law to abide by the terms of this Notice.

**HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED**

We will use your medical information as part of rendering patient care. For example, your medical information may be used by the doctor or nurse treating you, by the business office to process your payment for services rendered and by administrative personnel reviewing the quality of care you receive. We may also use and/or disclose information in accordance with federal and state laws for the following purposes:

**APPOINTMENT REMINDERS:** We may contact you to provide appointment reminders.

**TREATMENT INFORMATION:** We may contact you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

**DISCLOSURE TO DEPARTMENT OF HEALTH AND HUMAN RESOURCES:** We may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation or determination of compliance with relevant laws.

**FAMILY AND FRIENDS:** Unless you object, we may disclose your medical information to family members, other relatives, or close personal friends when the medical information is directly relevant to that person's involvement in your care.

**NOTIFICATION:** Unless you object, we may use or disclose your medical information to notify a family member, personal representative or another person responsible for your care of your location, general condition or death.

**HEALTH OVERSIGHT ACTIVITIES:** We may use or disclose your medical information for public health activities, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention. We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.

**ABUSE OR NEGLECT:** We may disclose your medical information when it concerns abuse, neglect or violence to you in accordance with federal and state law.

**LEGAL PROCEEDINGS:** We may disclose your medical information in the course of certain judicial or administrative proceedings.

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**LAW ENFORCEMENT:** We may disclose your medical information for law enforcement purposes or other specialized governmental functions.

**WORKERS COMPENSATION:** We may disclose your medical information as authorized by laws relating to workers' compensation or similar programs.

**BUSINESS ASSOCIATES:** We may disclose your medical information to a business associate with whom we contract to provide services on our behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our patients.

**AUTHORIZATIONS:** We will not use or disclose your medical information for any other purposes without your written authorization. Once given, you may revoke your authorization in writing at any time. To request a Revocation of Authorization form, you may contact:

**YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:** You have the following rights to your medical information:

- You may ask us to restrict certain uses and disclosures of your medical information. We are not required to agree to your request, but if we do, we will honor it.
- You have the right to receive communication from us in a confidential manner.
- Generally, you may inspect and copy your medical information. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records.
- You may ask us to amend your medical information. We may deny your request for certain specific reasons. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you have at that point.
- You have the right to receive an accounting of disclosures of your medical information made by The Ohio Clinic of Aesthetics and Plastic Surgery during the last six years (or following April 14, 2003) except for disclosures for treatment, payment or health care operations, disclosures which you authorized and certain other specific disclosure types.
- You may request a paper copy of the Notice of Privacy Practices for Protected Health Information.
- You have the right to complain to us and/or to the United States Department of Health and/or Human Services if you believe we have violated your privacy rights.

**THIS NOTICE IS EFFECTIVE AS OF APRIL 14, 2003**

**REVISION OF NOTICE OF PRIVACY PRACTICES:** We reserve the right to change the terms of this Notice, making any revision applicable to all protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice at The Ohio Clinic for Aesthetic and Plastic Surgery and will make paper copies available upon request.