

## Privacy Policy

Plastic Surgical Associates of Fort Collins, P.C. ("us" and "we") takes privacy seriously, and therefore we want you to know how we might collect, use, share and protect your information. This Privacy Policy pertains to information collected about you in connection to this website, DrDianeDuncan.com ("Website"). To best understand our policies and practices regarding treatment of your information please read this policy carefully. It is your choice to use this website. Should you disagree with any policy or practice regarding the Website, it is your choice to not use said Website. Use or access of DrDianeDuncan.com indicates agreement to this Privacy Policy.

Like all things, this policy may change from time to time. Any of these changes will be effected at time of posting. These changes will also apply to all access and/or use of the Website after the change has been made. Again, you have a choice in accessing and using this Website, and continued use or access will be deemed as recognition and agreement to any changes, so please make sure you understand our current policy. Should issues arise, please contact us through the contact option provided.

- A. We may collect the following information from you:
  - a. Information you choose to share (such as the contact form or other interaction history, including your IP address, operating system and browser type for example)
  - b. Cookies (small data files stored on your hard drive – check your browser settings)
  - c. Flash cookies
  - d. General information about your interaction with our site (such as pages visited and number of visits)
  - e. Identifiable personal information that you voluntarily provide to us through deliberate submission (including any protected health information you choose to share)
  - f. Third party cookies or other tracking technologies – if you have questions about an advertisement or other targeted content, please contact the responsible provider directly.
- B. What we do with it:
  - a. We generate visitor statistics that allow us to tailor content and potential advertising to our visitors and their interests. We may share this aggregated information with advertisers, partners, or other third parties. You are unable to opt out of this collection, and your assent is indicated in your choice to use the website.
  - b. We might use your personal information to contact you regarding submissions you make to us regarding appointments, interest, or other inquiries. We may retain your information for future contact regarding goods and services we offer. You may opt out of this. Use of your protected health information will be subject to the following Notice of Privacy Practices.
- C. How we might share it:
  - a. Aside from the aforementioned, or, as specifically agreed to by you personally, we will not share any personal information we gather from you on our Website to any third party – subject to the Privacy Notice below.
  - b. We may release your personal information to third parties for the following legal reasons:

- i. Compliance with valid legal requirements such as a law, regulation, search warrant, subpoena or court order
  - ii. To protect and defend us, our subsidiaries and affiliates, and all of their officers, directors, employees, attorneys, agents, contractors and partners, in connection with any legal action, claim, or dispute
  - iii. Prevention of imminent physical harm, such as a physical threat to you or others
  - iv. In the event that we find that your actions on our Website violate any laws, our Terms of Use, or any of our usage guidelines for specific products or Websites. In the event that we are legally compelled to disclose your Personal Information to a third party, we will attempt to notify you unless doing so will violate the law or a court order
- D. How we protect it:
  - a. We guard data received with physical, electronic and procedural safeguards. However, we urge you to take equal precautions to protect your data when on the Internet as there is always some risk that an unauthorized third party may find a way around our security systems or into electronic transmissions. This means that we cannot guarantee the total and absolute security of our database, nor can we guarantee that information will not be intercepted in the transmission of submissions.
  - b. California Privacy Rights: California Civil Code Section § 1798.83 permits users of our Website who are California residents to request certain information regarding our disclosure of personal information to third parties for their direct marketing purposes. To make such a request, please write us or call us based on the contact information and address found on the Website.
- E. **What about kids?** This site is intended for legal adults over the age of 18. It is not intended for children under the age of 13, and those between 13 and 18 must have parental consent. Underage access presumes acquisition of parental consent. Such consent includes parental acceptance of this Privacy Policy with the understanding that we do not knowingly collect information of those underage. However, as we collect information pertaining to all Website visitors, underage information may be collected if accessed.
- F. Third-party sites: We may have links to third-party sites who may also choose to collect information about you. Should you use one of our links to access a third-party site, you are choosing to enter a site over which we have no control. This Privacy Policy does not cover third-party websites, nor your choice to use them. Please choose to understand each websites specific privacy policies as choosing to use many websites indicates agreement and acceptance of their respective privacy policies.
- G. Effective date: This Privacy Policy is effective as of May 9<sup>th</sup>, 2018, and may change at any time. We reserve the right to change, modify, or remove the terms of the Privacy Policy at any time without notice. As changes are made, they will be posted to [DrDianeDuncan.com](http://DrDianeDuncan.com)

#### **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 REVIEW IT CAREFULLY.

1. HIPAA is the Health Insurance Portability and Accountability Act of 1996. It is a federal statute that requires that all protected health information used or disclosed by Diane Duncan, M.D. ("**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 and how it may use and disclose PHI. It also describes your rights to access and control your PHI.
2. 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 and as further detailed below in this Notice.
  - a. No Authorization Required
    - i. **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.
    - ii. **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.
    - iii. **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.
    - iv. **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. The Practice may use a sign-in sheet at the registration desk where you will be asked to sign your name and 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.

- v. **Family Members & Friends:** The Practice may disclose relevant PHI with family members or friends involved in your health care or payment for your health care, if you tell us that we can do so, if you do not object to sharing of the information, or if, using our professional judgment we believe that you do not object.
- vi. **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.
- vii. **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 (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.

- b. **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

### 3. Your PHI Rights

- a. You have the right to obtain a paper copy of this Notice.
- b. 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.

- c. 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.
  - d. 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 a copy of your PHI is provided, you may have to pay a reasonable fee.
  - e. 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.
  - f. 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.
  - g. You may exercise any of the rights described above by contacting the Practice and requesting to speak with the Privacy Officer.
4. Complaints
- a. 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 Privacy Officer. There will be no retaliation for filing a complaint.
  - b. You may also file a complaint with or contact the Department of Health and Human Services, Office for Civil Rights at: Office of Civil Rights, DHHS, Region VI - Dallas by mail at 1301 Young Street, Suite 1169, Dallas, Texas 75202, by telephone at (214) 767-4056 or (214) 767-8940 (TDD), or by facsimile at (214) 767-0432.
5. Effective date: The Practice is required by law to maintain the privacy of your PHI, to provide you with notice of its legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. This Notice is effective as of May 9<sup>th</sup>, 2018. 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.