

NOTICE OF PRIVACY PRACTICE

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Please review it carefully.

USES AND DISCLOSURES

Treatment - Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

Payment - Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, workers' compensation insurance, or from credit card companies that you may use to pay for services.

Health care operations - Your health information may be used as necessary to support the day-to-day activities and management from the office of Robert Hashemiyoan, M.D. and Los Angeles Liposuction Centers.

Law enforcement - Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Public health reporting - Your health information may be disclosed to public health agencies as required by law.

Other uses and disclosures require your authorization - Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of authorization. However, our decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional uses of information

Appointment reminders - Your health information will be used by our staff to send you appointment reminders.

Information about treatments - Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health related products and services that we believe may interest you.

INDIVIDUAL RIGHTS - You have certain rights under the federal privacy standards. These include: the right to request restrictions on the use and disclosure of your protected health information; the right to receive confidential communications concerning your medical condition and treatment; the right to inspect and copy your protected health information; the right to amend or submit corrections to your protected health information; the right to receive an accounting of how and to whom your protected health information has been disclosed; the right to receive a printed copy of this notice.

DUTIES OF ROBERT HASHEMIYOON, M.D. AND LOS ANGELES LIPOSUCTION CENTERS - We are required by law to maintain the privacy of your health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

RIGHT TO REVISE PRACTICES - As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state law and regulations. Upon request, we will provide with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION - You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting my office staff. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to our office at:

**Los Angeles Liposuction Centers
ATTN: Privacy Policies Department
8500 Wilshire Blvd. Suite 630
Beverly Hills, CA 90211**

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint. I hereby acknowledge that I have been presented with a copy of Notice of Privacy Practice adopted by the office of Robert Hashemiyoan, M.D. and Los Angeles Liposuction Centers.

Signature _____

Date _____