



**DUNCAN MILES MD, FRCSC**  
**BOARD CERTIFIED PLASTIC SURGEON**  
*Aesthetic Surgery, Breast Reconstruction, Hand and Microsurgery*

**Summary of 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.**

**What is this Notice and Why is it Important?**

By law, physicians and their nurses and other clinical personnel, are required to protect the privacy of your identifiable medical and other health information (protected health information).

Physicians are also required by law to give you this notice to tell you how we may use and give out ("disclose") your protected health information. We must follow the terms of this notice when using or disclosing your protected health information. We are required to obtain your permission before using or disclosing your protected health information, except as described below.

**How May We Use Your Protected Health Information?**

Physicians generally are required to obtain your written authorization ("permission") before using your protected health information. This section explains those situations where, under federal law, physicians may use or disclose your protected health information without your permission.

- **Treatment:** We use and disclose your protected health information to health care services to you. This includes uses and disclosures to:
  1. treat your illness or injury, or
  2. contact you to provide appointment reminders, or
  3. give you information about treatment alternative or other health related benefits and services that may interest you.
- **Payment:** We may use and disclose your protected health care information for our health care services that we or others provide to you. This includes uses and disclosures to:
  1. submit and obtain payment from your health insurer, HMO, or other company that pays the cost of some or all of your health care (payor), or
  2. verify that your payor will pay for your health care.
- **Health Care Operations:** We may use and disclose your protected health information for our health care operations, such as internal administration and planning that improve the quality and cost effectiveness of the care that you we provide you. This also includes uses and disclosures to:
  1. evaluate the quality and competence of our nurses and other health care workers,
  2. train staff and administrative personnel, or
  3. identify health related services and products that may be beneficial to your health and then contact you about the services and products.

We may also disclose your protected health information to third parties to assist us in these activities, but only if they agree in writing to maintain the confidentiality of your health information. We may also disclose your protected health



**DUNCAN MILES MD, FRCSC**  
**BOARD CERTIFIED PLASTIC SURGEON**  
*Aesthetic Surgery, Breast Reconstruction, Hand and Microsurgery*

information to your health care providers to enable them to conduct their own quality reviews, compliance activities and other health care operations. In addition, we may use and disclose your protected health information under the following circumstances:

- **Relatives, Caregivers and Personal Representatives:** Under appropriate circumstances, including emergencies, we may disclose your protected health information to relatives, caregivers or personal representatives who are with you or appear on your behalf (for example, to pick up a prescription). We may also need to notify such persons of your location in and general condition. If you object to such disclosures, please notify Dr. Miles or his staff.
- **Branches of Federal and Local Government:** As required by law, we may disclose your protected health information to appropriate government offices including, but not limited to, Department of Public Health, U.S. Food and Drug Administration (FDA), Medicare and Medi-cal, law enforcement officials or judicial/administrative proceedings, such as in response to a subpoena.

FOR ANY PURPOSE OTHER THAN THE ONES DESCRIBED ABOVE, WE MAY ONLY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION WHEN YOU GIVE US WRITTEN AUTHORIZATION.

**Your Rights Regarding Your Health Information**

**Right to Request Access to Your Health Information:** You may request access to your medical record file and billing records in order to inspect and request copies of the records. AD request for access must be made in writing.

**Right to Request Amendments to Your Health Information:** You have the right to request that we amend your health information maintained in your medical records file or billing records. All requests for amendments must be in writing. We will comply with your request unless we believe that the information to be amended is already accurate and complete or other special circumstances apply.

**Right to Revoke Your Authorization:** You may revoke (take back) any written authorization obtained by us for use and disclosure of your protected health information, except to the extent that we have taken action in reliance upon it. Your revocation must be in writing and sent to our office.

**Right to An Accounting of Disclosures of Your Health Information:** Upon written request, you may obtain an accounting of certain disclosures of health information made by us (other than for treatment, payment or health care operations and for any disclosures made pursuant to your authorization). The period of your request cannot exceed six years and does not apply to disclosures that occurred prior to August 13, 2003. If you request an accounting more than once during a twelve (12) month period, we will charge you a reasonable fee.

**Right to Request How Information is Provided to you:** You may request, and we will try to accommodate, any reasonable written request for you to receive protected health information by alternative means of communication or at a different address or location.

**Right to Request Restrictions on the Use of Your Health Information:** You may request that we restrict the use of disclosure of your protected health information. All requests for such restriction must be made in writing. While we will consider a request for additional restrictions carefully, we are not required to agree to a requested restriction and it is our policy not to agree to such restrictions.



**DUNCAN MILES MD, FRCSC**  
**BOARD CERTIFIED PLASTIC SURGEON**  
*Aesthetic Surgery, Breast Reconstruction, Hand and Microsurgery*

**Right to Change Terms of This Notice:** We may change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective for all protected health information that we hold, including any information created or received prior to using the new notice. If we change this notice, we will post the revised notice in our practice area. You may also obtain any revised notice by contacting our office.

**NOTICE TO CONSUMERS**

Medical doctors are licensed and regulated by the Medical Board of California  
(800) 633- 2322  
[www.mbc.ca.gov](http://www.mbc.ca.gov)

PLEASE SIGN AND DATE BELOW TO INDICATE THAT YOU HAVE RECEIVED A COPY OF YOUR HIPPA PRIVACY NOTICE. Your signature simply acknowledges that you received a copy of this notice.

Print Name (Last, First, Middle Initial): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_