

## Patient Rights

**Alpine Plastic & Reconstructive Surgery, Alpine Surgical Center and medical staff have adopted the following list of patient rights. This list shall include, but is not limited to, the patients' right to:**

- Exercise these rights without regard to sex, culture, economic, education, religion, or source of payment for his/her case.
- Expect care that respects his/her psychosocial, spiritual, personal and cultural values and allows him/her to express these values and practices that do not harm others or interfere with medical therapy.
- Be treated with consideration, respect, and full recognition of personal dignity and individuality including privacy in treatment and care of personal needs.
- Receive as much information regarding proposed treatment or procedure, as he/she may need in order to give informed consent or to refuse this course of treatment.
- Be involved in resolving conflicts about care decisions to the extent permitted by law; this includes the right to refuse treatment, and/or leave the facility even against the advice of his/her physician.
- Be informed of services available in the facility and of any expected charges for which the patient may be liable.
- Be fully informed of your rights and all facility rules and policies that pertain to his/her conduct while a patient.
- Be informed of any investigational, research, or educational activities related to care and can refuse to participate in any such activities without that refusal compromising usual care.
- Confidential treatment of personal and medical records and to approve or refuse release to any individual outside the facility, or as required by law or third party payment contract.
- Effective communication and physical access to the facility that considers hearing, speech, visual, and physical impairments.
- To complain about care and to have complaints reviewed, and when possible, resolved see Risk Manager.
- Receive written information regarding current licensure, relevant education, training and experience of the surgeon who will perform the procedure and the practitioner administering and monitoring anesthesia.
- Right to receive care in a safe and appropriate setting/environment.

## Patient Responsibilities

**The care a patient receives depends partially on the patients themselves. Therefore, in addition to patient rights, a patient has certain responsibilities as well. These responsibilities shall be presented to the patient in the spirit of mutual trust and respect.**

- **Providing information.** The patient is responsible for providing, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications (including non-prescribed and herbal), unexpected changes in the patient's condition, advance directives, and other matters of care.
- **Asking questions.** Patients are responsible for asking questions when they don't understand what they have been told or what they are expected to do.
- **Following instructions.** The patient and family are responsible for following the pre-operative and post-discharge care plan. They should express any concerns they have about their ability to follow and comply with the proposed care plan or course of treatment, including anesthesia or operative requirements. Every effort is made to adapt the plan to patient's specific needs and limitations.
- **Accepting consequences.** The patient and family are responsible for the outcomes if they do not follow the care plan.
- **Following policies and procedures.** The patient and family are responsible for following the practice's policies and procedures concerning patient care and conduct.
- **Showing respect and consideration.** Patients and families are responsible for being considerate of the practice's staff and property.
- **Meeting financial commitments.** The patient and family are responsible for promptly meeting any financial obligation agreed to with the practice.
- **Keeping appointments.** The patient is responsible for keeping appointments and for notifying Alpine Plastic and Reconstructive Surgery when he/she is unable to do so.

## Understanding Your Health Record /Information

**Each time you visit Alpine Plastic & Reconstructive Surgery/Alpine Surgical Center, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your medical chart/record or your personal health information (PHI), serves as a:**

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

**Your Health Information Rights**

**Although your health record is the physical property of Alpine Plastic & Reconstructive Surgery and Alpine Surgical Center, the information belongs to you. You have the right to:**

- **Right to Receive a Copy of this Notice:** Upon request, you have the right to receive a paper copy of this Notice. You may pick up a copy of the Notice at the reception desk, or have it sent by postal mail.
- **Right to Receive Further Information and Right to File a Complaint:** You have the right to contact our Privacy Officer and obtain additional information about our privacy practices, your privacy rights, and the uses and disclosures of your protected health information. If you disagree about a decision, we made about your protected health information, or if you believe that your privacy rights have been violated, you may make a formal complaint addressed to our Privacy Officer @ (801)689-3500, or to the Secretary of the Office of the Department of Health and Human Services 1961 South Street, Room 1185 FOB, Denver, CO 80294-3538. Voice Phone (303) 844-2024 FAX (303) 844-2025
- **Right to Inspect and Copy Your Health Information:** Upon Request, you have the right to access and obtain a copy of your health information maintained by us. Our Privacy Officer @ (801)689-3500, can provide you with the form to request inspection of your health information.
- **Right to Request an Amendment to Your Health Information.** You have the right to request that we amend your health information maintained in your medical record. We will comply with your request in the event that we determine the information that would be amended is false, inaccurate or misleading. The Privacy Officer @ (801)689-3500 can provide information on how to request an amendment to your health information.
- **Right to Request Additional Restrictions on Uses and Disclosures of Your Health Information:**  
You have the right to request that we place additional restrictions on how we use or disclosure your personal health information. While we will consider any request for additional restrictions, we are not required to agree to your request. Our Privacy Officer can provide you with a form to request restrictions on the use or disclosure of your health information if other than outlined in this notice
- **Right to Request an Accounting of Disclosures:**  
You have a right to request an accounting of the disclosures made by us of your personal health information (other than for treatment, payment, or health care operations.) For each disclosure, the accounting will include the date the information was disclosed, to whom, the address of the person or entity that received the disclosure (if known), and a brief statement of the reason for the disclosure.  
Our Privacy Officer can provide you with a form to request an accounting of disclosure and use of your health information
- **Right to Request Confidentiality in Certain Communications:**  
You have the right to request your health information be received by alternative means of communication or at alternative locations. We will accommodate any such reasonable written request made on your behalf. The Privacy Officer can provide you with a form to request an alternative means of communicating your health information.

**Our Responsibilities**

This practice is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain.
- We will not use or disclose your health information without your authorization, except as described in this notice.

**For More Information or to Report Concerns about Patient Safety and Quality of Care**

If you have questions and would like additional information, or would like to report concerns about patient safety and quality of care, contact our Risk Manager or Facility Privacy Officer, or notify the Joint Commission:

<p><b>Alpine Plastic &amp; Reconstructive Surgery and Alpine Surgical Center</b></p> <p>Phone: (801) 689-3500 Fax: (801) 689-3505</p> <p><u>Mail:</u> Alpine Plastic &amp; Reconstructive Surgery Attn: Risk Manager 5405 S. Adams Ave Pkwy, Ste 101 Ogden, UT 84405</p>	<p><b>Joint Commission</b></p> <p>Phone: (800) 994-6610 Fax: (630)792-5636 E-mail: <a href="mailto:complaint@jointcommission.org">complaint@jointcommission.org</a></p> <p><u>Mail:</u> Office of Quality Monitoring Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181</p>	<p><b>Center for Medicare &amp; Medicaid Services</b></p> <p>3760 S. Highland Drive P.O. Box 144103 Salt Lake City, UT 84114</p> <p>Phone: (800) 662-4157</p> <p><b>Office of the Medicare Beneficiary Ombudsman</b></p> <p><a href="http://www.medicare.gov/claims-and-appeals/medicarerights/get-help/ombudsman.html">http://www.medicare.gov/claims-and-appeals/medicarerights/get-help/ombudsman.html</a></p>
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### Examples of Disclosures for Treatment, Payment and Health Operations

As a condition of obtaining treatment, you will be asked to sign a written consent form authorizing (*the practice*) to use your protected health information for our treatment, payment and healthcare operations. Upon obtaining consent, we may use and disclose your protected health information in the following ways:

For example:

- **Treatment:** Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. This information will be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.
- **Payment:** A bill may be sent to a third party. The information that may be included in order to process the claim may include information from your PHI that may identify you as well as your diagnosis, medications prescribed, and supplies used.
- **Health Care Operations:** Members of our organization may use your PHI to assess the care and outcomes in your case and in others like it.

For uses and disclosures of your protected health information not involving treatment, payment and healthcare operations: We are required to obtain your written authorization prior to using or disclosing your protected health information (unless we are otherwise required or permitted by law to use or disclose your information as set forth below). You have the right to revoke any authorization previously granted. If you have questions about written authorizations, or how to revoke such authorizations, please contact our Privacy Officer @ (801)689-3507. We will also provide your subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from in addition, we may use or disclose your protected health information, without your consent or authorization, in the following circumstances:

- **Use and Disclosure without Consent:** We may use and disclose your protected health information for treatment, payment and healthcare operations without your consent or authorization for emergency treatment; when we are required by law to treat you, attempt to obtain your consent but cannot; and when we are unable to obtain your consent due to substantial communication barriers. In such situations, we will attempt to obtain your consent as soon as practicable.
- **Uses and Disclosures Required by Law:** We may use or disclose your protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of the law.
- **Business Associates:** There are some services provided within our (clinic) through contacts with business associates. For example, a pharmacy or laboratory. When these services are contracted we may disclose your health information to our business associates so that they can perform their job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require any of our business associates to appropriately safeguard your information.
- **Notification of Family or Close Friends:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition, provided you have the opportunity to agree or object to the disclosure. If you are unable to agree or object, we may disclose this information as necessary if we determine that it is in your best interests based upon our professional judgment. In all such cases, we will only disclose the protected health information that is directly relevant to that person's involvement with your healthcare.
- **Research:** We may disclose information to researchers when an institutional review board, which has reviewed the research proposal and established protocols to ensure the privacy of your health information, has approved their research
- **Coroners:** We may disclose your protected health information to a coroner or medical examiner in accordance with applicable laws.
- **Funeral Directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.
- **Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product, and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- **Workers compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- **Public Health:** As required by law, we may disclose your health information to public health or legal authorities authorized by law to collect or receive such information for controlling disease, injury or disability. We may also disclose your health information to a public health authority authorized by law to receive reports of child abuse or neglect, or domestic violence.
- **Health Oversight Activities:** We may make disclosures of your protected health information to a health oversight agency charged with overseeing the healthcare industry in accordance with applicable law.
- **Judicial and Administrative Proceedings:** We may disclose your protected health information in any judicial or administrative proceeding in response to orders, subpoenas and other valid legal process.
- **Limited Government Functions:** We may disclose your protected health information to certain government entities charged with special government functions (e.g., the U.S. Military)
- **Health and Safety:** Consistent with law and applicable ethical obligations, we may use or disclose your protected health information when necessary to prevent or lessen a serious threat to a person's or the public's health and safety.
- **Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering on or more patients, workers or the public.
- **Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives or health-related benefits and services that may be of interest to you unless notified of restrictions by you.

**EFFECTIVE DATE: January 12 2017**

Patient Rights and Responsibilities and Notice of Information Practices  
Acknowledgement of Receipt

I have received/read and understand the Notice of Privacy Practices and the Patient Rights & Responsibilities of Alpine Plastic & Reconstructive Surgery and Alpine Surgical Center. I understand that by signing this document I am acknowledging that I have received these forms and that I understand that additional copies are available to me per my request.

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Signature of Patient or Legal Representative

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Date