

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.

---

This Notice applies to United Hair Restoration LLC and the Aesthetic Center at United Hair Restoration.

The organization listed above will use and distribute its Notice of Privacy and follow the information practices described in this Notice when using or disclosing records and information.

**UNDERSTANDING YOUR HEALTH INFORMATION**

Each time you visit a hospital, clinic, physician, or other health care provider, a record of your visit is made. Typically, this health record contains your medical history, symptoms, examination and test results, diagnosis, treatment, care plan, insurance, billing, and employment information. This health information, often referred to as your health record, serves as a basis for planning your care and treatment and is a vital means of communication among the many health professionals who contribute to your health care. Your health information is also used by insurance companies and other third-party payers to verify the appropriateness of billed services.

**OUR RESPONSIBILITIES**

We are required by law to:

- Maintain the privacy of your health information.
- Provide you with an additional current copy of our Notice upon request.
- Abide by the terms of our current Notice.

We will not use or disclose your health information without your written authorization, except as described in this Notice. Such authorization may be revoked in writing at any time except with respect to any actions we have taken in reliance on it.

***Examples of Using Health Information for Treatment, Payment and Health Care Operations***

**WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT PURPOSES**

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment. Health care team members will communicate with one another personally and through the health record to coordinate care provided. We will also provide your physician or subsequent health care provider, as requested, with copies of various reports that should assist him or her in treating you in the future.

## **WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION FOR PAYMENT PURPOSES**

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may disclose health information about you to other qualified parties for their payment purposes. For example, in the unlikely event that you are brought in by ambulance, we may disclose your health information to the ambulance provider for its billing purposes.

## **WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION FOR HEALTH CARE OPERATIONS**

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of health care we provide.

## **TEACHING**

As a facility in the forefront of our profession, other physicians, residents, fellows, and students in medicine, nursing, allied health and medical/surgical assistants, may be assisting with your care under the supervision of a licensed health care provider as a part of their professional health care training program.

## ***Other Uses and Disclosures of Your Health Information***

## **NOTIFICATION**

We may use or disclose health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location and general condition.

## **COMMUNICATION WITH FAMILY AND OTHERS**

We may disclose relevant health information to a family member, friend, or other person involved in your care. We will only disclose this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf.

## **BUSINESS ASSOCIATES**

There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform such services. However, we require the business associate to appropriately safeguard your information.

## **APPOINTMENT REMINDERS**

We may contact you as a reminder that you have an appointment for treatment or medical care.

## **TREATMENT ALTERNATIVES**

We may contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

## **RESEARCH**

Research is conducted under strict guidelines designed to protect the subjects of research. Health information about you may be disclosed to researchers preparing to conduct a research project. For example, it may be necessary for our researchers to look for patients with specific medical characteristics or treatments. We would obtain your specific authorization prior to using your health information in research studies if information that directly identifies you is disclosed. The only exception would be granted under rare circumstances when the Internal Review Board is permitted by federal regulations to grant a waiver of authorization.

## **PUBLIC HEALTH**

We may disclose health information about you for public health activities. These activities may include disclosures:

- To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability;
- To appropriate authorities authorized to receive reports of abuse and neglect;
- To FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products; or
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

## **WORKERS' COMPENSATION**

We may disclose health information to the extent authorized and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

## **LAW ENFORCEMENT**

We may disclose health information if asked to do so by a law enforcement official as required or permitted by law or in response to a subpoena.

## **HEALTH OVERSIGHT ACTIVITIES**

We may disclose health information for health oversight activities authorized by law. For example, oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

## **THREATS TO HEALTH OR SAFETY**

Under certain circumstances, we may use or disclose your health information if we believe it is necessary to avert or lessen a serious threat to health and safety and is to a person reasonably able to prevent or lessen the threat or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

## **SPECIALIZED GOVERNMENT FUNCTIONS**

We may disclose your information for national security and intelligence activities authorized by law, for protective services of the president; or if you are a military member, to the military under limited circumstances.

## **AS REQUIRED BY LAW**

We will use or disclose your health information as required by federal, state or local law.

## **LAWSUITS AND ADMINISTRATIVE PROCEEDINGS**

We may release your health information in response to a court or administrative order. We may also provide your information in response to a subpoena or other discovery request, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

## **ORGAN PROCUREMENT ORGANIZATIONS**

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

## **INCIDENTAL USES AND DISCLOSURES**

There are certain incidental uses or disclosures of your health information that occur while we are providing services to you or conducting our business. For example, after surgery the nurse or doctor may need to use your name to identify family members that may be waiting for you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

---

## **YOUR HEALTH INFORMATION RIGHTS**

YOU HAVE THE FOLLOWING RIGHTS REGARDING YOUR HEALTH INFORMATION:

### **RIGHT TO INSPECT AND COPY**

You may request to look at your medical and billing records and obtain a copy. You must submit your medical or billing records request to our Business Office. If you ask for a copy of your records, we may charge a fee for the cost of copying, mailing, or other supplies needed to respond to your request.

### **RIGHT TO REQUEST AMENDMENT**

You may request that your health information be amended if you feel that the information is not correct. Your request must be in writing and provide rationale for the amendment. Please send your request to the Business Office. We may deny your request, and will notify you of our decision in writing.

### **RIGHT TO AN ACCOUNTING OF DISCLOSURES**

You may request an accounting of certain disclosures of your health information showing with whom your health information has been shared (does not apply to disclosures to you, with your authorization, for treatment, payment or health care operations, and in certain other cases).

To request an accounting of disclosures, you must send a written request to the Business Office. Your request must state a time period that may not be longer than six years and may not include dates before January 1, 2008.

**RIGHT TO REQUEST RESTRICTIONS**

You may request restrictions on how your health information is used for treatment, payment or health care operations, or to certain family members or others who are involved in your care. We may deny your request. If we agree to a restriction, the restriction may be lifted if use of the information is necessary to provide emergency treatment.

To request a restriction, you must send a written request to the Business Office, specifying what information you wish to restrict and to whom the restriction applies. You will receive a written response to your request.

**RIGHT TO REQUEST PRIVATE COMMUNICATIONS**

You may request that we communicate with you in a certain way in a certain location. You must make your request in writing to the patient registration area and explain how or where you wish to be contacted.

**RIGHT TO A PAPER COPY OF THIS NOTICE**

You may request an additional paper copy of this Notice at any time.

***You may contact the Business Office at:***

United Hair Restoration LLC  
10740 Nall Ave. Suite 310  
Overland Park, Kansas 66211  
Phone: (913) 381-8998  
Hours: 9:00 a.m. – 6:00 p.m. CST

**CHANGES TO THIS NOTICE**

We reserve the right to change this Notice as our privacy practices change and to make the new provisions effective for all health information we maintain. We will post a current Notice on our website at [www.unitedhairrestoration.com](http://www.unitedhairrestoration.com).

**FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions, would like additional information or believe your privacy rights have been violated, you may contact the Business Office. There will be no retaliation for filing a complaint.