

NEW ENGLAND LASER AND COSMETIC SURGERY CENTER, LLC

I certify that I have been given information from my doctor's office,

In advance of my surgical date, regarding:

Surprise Bill Law

Patient's Bill of Rights

Patient's Responsibilities

Patient Notice of Privacy Practice

Advanced Directives regarding my health care

Physician Financial interest in the surgery center as follows:

The following physicians are shareholders in

New England Laser & Cosmetic Surgery Center, LLC

Edwin F. Williams, III MD FACS
The Williams Center
1072 Troy-Schenectady Rd
Latham, NY 12110

Alain Polynice, MD FACS
The Williams Center
1072 Troy-Schenectady Rd
Latham, NY 12110

Jeffrey Ridha, MD FACS
Sanctuary Medical Spa & Laser Center
72 Railroad Pl.
Saratoga Springs, NY 12866

If your physician has scheduled your procedure at the Surgery Center, he believes that it will be an appropriate and therapeutic setting for your procedure and in your best interest. However, in the interest of full disclosure, we want you to know that there are other facilities where your physician could perform your procedure, and that you have the right to request that your procedure be performed elsewhere.

If you have any questions about this Disclosure of Financial Interest, please feel free to contact either your physician or the Administrator of the Surgery Center at 518-786-7000

Signature: _____ Date: _____



NEW ENGLAND LASER AND COSMETIC SURGERY CENTER

AMBULATORY SURGICAL SERVICES INSTRUCTIONS FOR PATIENTS

MONDAY-FRIDAY-We will call you between 1:00 P.M. and 3:00 P.M., the day before surgery with your operating room time. If your surgery is scheduled on a Monday we will call you Friday with your operating time.

THE NIGHT BEFORE SURGERY; DO NOT EAT OR DRINK ANYTHING (INCLUDING WATER, GUM AND HARD CANDY) AFTER MIDNIGHT

ON THE MORNING OF SURGERY:

Report to NELCSC as instructed- Rear of the building- "A" marks the entrance into NELCSC

Please do not wear any jewelry, such as bracelets, earrings, necklaces, or body piercings. Leave your valuables and money home, or give them to a family member or friend who accompanies you to NELCSC. Please do not wear any fragrances or lotions.

Please do not wear a wig or have anything in your hair, such as bobby pins, rollers, or curlers. False teeth, contact lenses, or glasses should be removed prior to surgery and either left at home or given to the nurse who will keep them for you. Hearing aids are allowed.

Please do not wear make-up. This includes eye make-up, lipstick, nail polish, etc.

Please shower with antibacterial soap the night before and day of surgery

AFTER SURGERY:

Light nourishment will be provided in PACU after surgery. You will be in the recovery room until you have recovered sufficiently from anesthesia to be able to go home.

Discharge time is determined by each individual's recovery.

WHEN YOU LEAVE NELCSC:

You will NOT be able to drive a car so you MUST have someone available to drive you home. This person may call 518-783-0035 to inquire about your time of discharge. It is recommended you arrange for someone to spend the night after surgery with you.

Family members and visitors may wait in the waiting area, where they will be kept informed regarding patient condition.

Do not drive if taking any narcotic for pain or medication for dizziness in the post op period or after any treatments.

Special instructions: _____

Instructions Received and Understood

Patient Signature/Date/Time

Witness Signature/Date/Time

Patient Sticker

To: _____
(Name of Patient)

Physician Required Disclosure
(Effective 4/1/15)

From: New England Laser & Cosmetic Surgery Center

Re: **Surprise Medical Bills; Notice of Coordinated or Referral Services**

PLEASE BE ADVISED that the name, address, and phone number of providers of anesthesia and laboratory services in connection with the care to be provided, coordinated, or referred by our facility is listed on the following website www.williamsfacialsurgery.com. This information is to make you aware of healthcare providers that we use at our facility and those who we refer to or coordinate with regarding your care.

Required Patient Disclosure
(Effective 4/1/15)

From: New England Laser & Cosmetic Surgery Center

PLEASE BE ADVISED that New England Laser & Cosmetic Surgery Center is affiliated with Ellis Hospital for transfers. Ellis Hospital contact information is listed on the following website www.williamsfacialsurgery.com. You acknowledge receiving this information at the time of making the appointment and now by your signature below.

The estimated amount of charges for the anticipated services is available upon your request. If you request this information, we will provide the estimated amount that will be billed. This fee estimate excludes unforeseen medical circumstances that may be encountered at the time services are rendered.

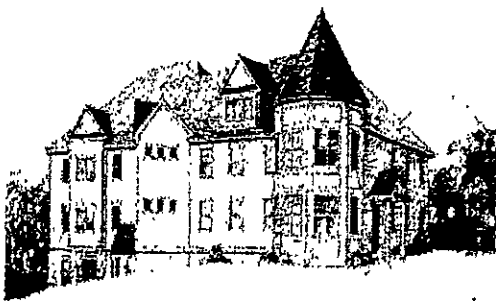
By signing below, you _____,
(Name of Patient or Legal Guardian)
disclosure at the time you made the appointment and in writing or through the website by signing below.

(Name of Patient)

(Name of Patient's Authorized Signatory)

(Date)

(Date)



1072 Troy-Schenectady Road, Latham, NY 12110
(518) 783-0035 ~ Fax (518) 783-1357

SURPRISE BILL LAW

In compliance with New York State we have disclosed the following information.

The following is a list of the Health Care Plans that NELCSC participates with:

Aetna	MVP (Commercial)
Blue Cross (Empire)	Blue Cross Out of Area
BS NENY	MVP (Gold)
BS Albany	MVP (NY Government Programs)
CDPHP (Commercial, Medicare, Medicare)	Tricare
Empire Plan (UHC)	UHG (Commercial, Medicare)
Emblem (GHI)	GHI
Fidelis	Wellcare
Medicare	PHCS/multiplan
Medicaid	Statewide

Affiliated Hospital—Ellis Hospital

1101 Nott Street, Schenectady, NY 12308

ANESTHESIA Providers:

Morag Bell, CRNA

Rachel Coluccello, CRNA

Meta Mangalls, CRNA

Scott Wettig, CRNA

Michael Fitzpatrick, MD

Edward Piper, CRNA

Laboratory Services

Albany Medical Center

If we do not participate in the network of a patient's or prospective patient's health care plan the following disclosures will be made

- Prior to the provision of non-emergency services, inform the patient or prospective patient that the amount or estimated amount the patient will be billed for health care services is available upon request.
- Upon receipt of a patient or prospective patient's request, the amount or the estimated amount (in writing) the patient will be billed for health care services, absent unforeseen medical circumstances that may arise when the health care services are provided. NOTE: An ASC needs only disclose a schedule of fees provided.

Patients statement of rights and responsibilities

The staff of this healthcare facility recognizes you have rights while a patient receiving medical care, and in return there are responsibilities for certain behavior on your part as a patient the statement of rights and responsibilities is posted in our facility and at least one location that is used by all patients. Your rights and responsibilities include:

A patient, patient representative or surrogate has the right to

- Receive information about rights, patient conduct and responsibility in a language and manor the patient, patient representative or surrogate can understand.
- Be treated with respect, consideration and dignity.
- Be provided appropriate personal privacy.
- Have disclosures and records treated confidentially and given the opportunity to approve or refuse record release except when release is required by law.
- Be given the opportunity to participate in decisions involving their healthcare, except when such participation is contradicted for medical reasons
- Receive care in safe setting
- Be free from all forms of abuse, neglect or harassment
- Exercise his or her rights without being subject to discrimination or reprisal with impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical disability, or source of payment.
- Voice complaints and grievances, without reprisal
- Be provided, to the degree known complete information concerning diagnosis, evaluation, treatment and know who is providing services and who is responsible for the care. When the patient's medical condition makes it inadvisable or impossible, the information is provided to a person designated by the patient or to a legally authorized person.
- Exercise of rights and respect for property in person, including the right to
 - voice grievances regarding treatment of care that is parentheses (or fail to be) furnished.
 - Be fully informed about a treatment or procedure and the expected outcome before it is performed.
 - Have a person appointed under state law to act on the patient's behalf if the patient is adjudged to be incompetent under applicable state health and safety laws by court order of proper jurisdiction. If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.
- Refuse treatment to extent permitted by law and be informed of medical consequences of this action.
- Know if medical treatment is for purposes of experimental research and to give his concern or refusal to participate in such experimental research.
- Have the right to change primary or specialty physicians or dentists if other qualified physicians or dentist are available.
- A prompt and reasonable response to questions and requests.
- Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- Receive, upon request, prior to treatment, reasonable estimate of charges for medical care and know, upon request and prior treatment, whether the facility accepts the Medicare assignment right.
- Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have changes explained.
- Formulate advance directives and to appoint a surrogate to make healthcare decisions on his/her behalf to the extent permitted by law and provide a copy to the facility for placement in his or her medical record.
- Know the facility policy on advance directives.
- Be informed of the names of the position to have ownership in the facility.

- Have properly credentialed and qualified healthcare professionals providing patient care.
A patient, patient representative or surrogate is responsible for
- Providing reasonable adult to transport him/her home from the facility and remain with him/her for 24 hours, unless specifically exempted to meet in from this responsibility by his/her provider.
- Providing to the best of his or her knowledge, accurate and complete information about his/her health, present complaints, past illnesses, hospitalizations, any medications, including over-the-counter products and dietary supplements, and allergies or sensitivities, and other matters relating to his or her health.
- Accept personal financial responsibility for any changes not covered by his/her insurance.
- Following the treatment plan recommended by his/her health care provider.
- Be respectful of all the health providers and staff, as well as other patients.
- Providing a copy of information that you desire us to know about what durable power of attorney, healthcare surrogate, or other advanced directive.
- His/her actions if he/she refuses treatment or does not follow the healthcare providers instructions.
- Reporting unexpected changes in his or her condition to the healthcare provider.
- Reporting to his health care provider whether he or she comprehends and contemplated course of action and what is expected of him or her.
- Keeping appointments.

Complaints

Please contact us if you have a question or concern about your rights or responsibilities. You can ask any of our staff to help you contact the administrative director at the surgery center.

Or, you can call 518-786-7000

We want to provide you with excellent service, including answering your questions in responding to your concerns.

You may also choose to contact the licensing agency of the state

- Express complaints about the care and services provided and to have such complaints investigated by the center of New York State Department of Health. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient and indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her designee that the patient may complain to the center or the New York State Department of Health.
- The contact information is New York State Department of health, Corning Tower Empire Plaza, Albany, NY 12237. The phone number is 518-474-5073 the website for the office of Medicare beneficiary ombudsman is: <http://www.medicare.gov/claims-and-appeals/Medicare-rights/get-help/ombudsman.html>
- Access his/her medical record(s) pursuant to the provisions of section 18 of the public law, and subpart 50-3 of this article.

If you are covered by Medicare, you may choose to contact the Medicare ombudsman at 1-800-MEDICARE (1- 800-633 -4227 or online at www.medicare.gov/Ombudsman/resources.ASP. The role of the Medicare beneficiary ombudsman is to ensure that Medicare beneficiaries receive the information and help you to understand your Medicare options and to apply your Medicare rights and protections.

SUBJECT: ADVANCED DIRECTIVES

PURPOSE:

To provide the health care team members information to assist them in working with patients who have Advance Directives such as a living will, healthcare surrogate or proxy appointment, or durable power of attorney.

POLICY:

In an ambulatory care setting, where we expect to provide less invasive care to patients who are not acutely ill, admission to the center indicates the patient will tolerate the procedure in the ambulatory setting without difficulty. Per regulation, the physician must determine that the ASC setting is appropriate for the patient based upon the type of surgery planned, the type of anesthesia, and the patients medical condition. Resuscitation due to the deterioration of the patient's medical condition is not expected. Therefore, if a patient should suffer cardiac or respiratory arrest or any life-threatening condition. There will always be an attempt to resuscitate and the patient will be transferred to a more acute level of care, that is, a hospital.

Advance directives include written or verbal directions a patient gives in advance to state choices for health care or name someone to make those choices for the patient if the patient is unable to make decisions for himself/herself. A living will states what kinds of medical treatments would be acceptable at the end of life.

If a patient, who is to receive a procedure at the center, presents the staff with a living will, the patient must be advised that the center will not honor any living will that does not allow resuscitation. It is the policy of the center to always attempt to resuscitate and to transfer any patient requiring resuscitation or emergency care to the hospital. The hospital can determine when to implement the living will.

A patient or designated agent or surrogate must be informed of the right to make informed decisions regarding the patient's care. A patient may have a person designated as an agent. Proxy or health care surrogate or may have granted a person a durable power of attorney for health care. This enables the person to perform as a decision maker in the event the patient cannot speak for himself/herself. The scope of the decisions this other person may make for the patient may be defined in a document. The Center will record whether such a document has been presented to the Center. The document will be placed in the medical record along with a living will, if one was also presented to the Center for inclusion in the Center's records. When a patient has designated someone to speak for himself/herself, that person should be contacted to advise of any pending transfer to a higher level of care. That person may express a choice of the hospital to contact for a transfer. If possible, considering the physicians privileges and close

proximity of the facilities, the health care surrogate's choice should be honored. The designated person may also receive information from the physician and be asked to make decisions should the patient be unable to participate in the decision. This means that some advance directives, such as the appointment of an agent, proxy, or health care surrogate by the patient and the Center's discussion with that agent, proxy, or health care surrogate, are honored by the surgery center.

It is required by regulation that the provider or facility notifies a patient in writing of its policy about honoring advance directives. The patient has a right to select another provider or facility.

Patients who disagree with this policy must address the issue with the attending physician prior to signing the form acknowledging an understanding of the policy regarding advance directives and living wills.

Patients must be informed of the policy prior to the procedure and prior to anesthesia of any kind so that the patient will have the opportunity to discuss any concerns with the attending physician and/or make arrangements for a change in location for the procedure. The facility may decide to discuss during the pre-admission phone call whether the patient has a living will or other type of advance directive and to advise of the Center's policy.

The patient must also receive information about where he/she can learn information about a advance directives if the patient desires to consider preparing or revising one. The Center must provide information about advance directives should the patient request this information. Information must include a description of the applicable state laws. The information may include a state provided resource directory for advance directives such as a state agency, library or state web site or sample forms provides by state agencies.

It is not required that a patient have a living will or advanced directive. It is required that the Center inform the patient of the right to have an advanced directive, the right to have the advance directive placed in the patient's medical record the policy of the Center to resuscitate and transfer when indicated, and the right to discuss these policies with the provider of services.

A copy of the state regulation permitting the discussion with the physician and decisions about the place for services will be reviewed by the governing body and attached to the minutes for that meeting.

There must be documentation in a prominent part of the patient's current medical record whether or not the individual has an advanced directive.

The staff shall have annual education on Advanced Directive policies and of any changes as they may occur

Who Will Speak for You?

The New York Health Care Proxy Law allows you to appoint someone you trust — for example, a family member or close friend — to make health care decisions for you if you lose the ability to make decisions yourself. By appointing a health care agent, you can make sure that health care providers follow your wishes.

Everyone over the age of 18 needs to appoint a health care agent. There are two situations in which a health care agent will be needed:

1. Temporary inability to make health care decisions — no matter what your age is. For example, you are having an outpatient surgical procedure and are under general anesthesia. Something unexpected happens and a health care decision needs to be made. If you have a health care agent, since you are temporarily unable to make your own decisions, the health care agent may make the decision. Once you become conscious again, the health care agent would no longer have any authority to act;
2. Permanent inability to make health care decisions — this would arise if you were comatose from a terminal illness, in a persistent vegetative state, suffered from an illness that left you unable to communicate or, if elderly, suffered from senile dementia or Alzheimer's disease. Under these circumstances you would obviously be unable to make your own health care decisions. If you don't have a health care agent, all appropriate medical treatments will be provided to you. If you have appointed a health care agent, your health care agent can be your voice and make your health care decisions according to your own wishes, or your best interests.

Your agent can also decide how your wishes apply as your medical condition changes. Hospitals, doctors and other health care providers must follow your agent's decisions as if they were your own. You may give the person you select as your health care agent as little or as much authority as you want. You may allow your agent to make all health care decisions or only certain ones. You may also give your agent instructions that he or she has to follow. This form can also be used to document your wishes or instructions with regard to organ and/or tissue donation.

Making decisions about how you want to live the remainder of your life and appointing the appropriate person to be your health care agent can be overwhelming. In order to assist in the decision making process, the Department recommends the following steps:

Clarify Values and Beliefs

It is important to consider and to think about your individual wishes as they relate to how you want to live the remainder of your life. Most people don't have any idea how to begin to think about this or begin a discussion about this. Many people are finding that using tools, such as a values assessment, may help to pinpoint key feelings and opinions about how they want to live the remainder of their lives. Such tools can be found at the following web sites:

- [Welcome to the Compassion and Support Home Page](#)
- [Aging With Dignity - to Help You and Your Family Plan and Receive the Care You Deserve](#)

Choose a Spokesperson

Choosing a health care agent who will speak for you and make decisions when you are unable is a very important task that each adult needs to make, regardless of age or health care status. Your agent will advocate for your preferred treatment and ensure that your wishes are carried out at a point in time when you cannot speak for yourself.

Once your agent is chosen, it is very important to share your wishes, thoughts and opinions about how you want to live the remainder of your life with your agent. A person will not be able to predict every scenario that may present itself in a health care situation. As such, explaining your thoughts, feelings and preferences will give your agent the information necessary to make decisions on your behalf.

Discuss Your Wishes

It is important to discuss your wishes with your health care providers, particularly your primary care provider. This information will enable your providers to care for you in a manner that is consistent with your wishes.

- [Discuss Your Wishes - Compassion and Support at the End of Life](#)

Forms: Appointing Your Health Care Agent in New York State

The New York Health Care Proxy form and instructions are available as an Adobe Acrobat PDF (portable document format) in the following languages:

- [English - Revised 11/2015 \(PDF\)](#)
- [Chinese \(PDF\)](#)
- [Haitian Creole \(PDF\)](#)

- [Italian \(PDF\)](#)
- [Korean \(PDF\)](#)
- [Russian \(PDF\)](#)
- [Spanish \(PDF\)](#)
- To order copies of these documents fill out the [Publication Request Order Form \(PDF\)](#)

Practical Issues

Once your Health Care Proxy has been signed, it's important to ensure that a copy is given to your agent, primary care provider and other family members. It is also a good idea to consider carrying a copy in your wallet or purse, in case of unexpected emergencies.

- [Practical Issues - Compassion and Support at the End of Life](#)

Resources:

- [Advance Care Planning Booklet \(PDF, 707KB\)](#)
- [Advance Care Planning for Patients and Families](#)

PRIVACY NOTICE

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 Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

I. Uses and Disclosures of Protected Health Information

The ENTITY may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the ENTITY has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA privacy regulations or state law. Disclosures of your protected health information for the purposes described in this Privacy Notice may be made in writing, orally, or by facsimile.

A. **Treatment.** We will use and disclose your protected health information 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 for treatment purposes. For example, we may disclose your protected health information to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose protected health information to physicians who may be treating you or consulting with the ENTITY with respect to your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

B. **Payment.** Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurance company to get approval for the procedure that we have scheduled. For example, we may need to disclose information to your health insurance company to get prior approval for the surgery. We may also disclose protected health information to your health insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for the services we provide to you, we may also need to disclose your protected health information to your health insurance company to demonstrate the medical necessity of the services or, as required by your insurance company, for utilization review. We may also disclose patient information to another provider involved in your care for the other provider's payment activities. This may include disclosure of demographic information to anesthesia care providers for payment of their services.

C. **Operations.** We may use or disclose your protected health information, as necessary, for our own health care operations to facilitate the function of all or a portion of the ENTITY and to provide quality care to all patients. Health care operations include such activities as: quality assessment and improvement activities, employee review activities, training programs including those in which students, trainees, or practitioners in health care learn under supervision, accreditation, certification, licensing or credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs, and business management and general administrative activities.

In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

D. Other Uses and Disclosures. As part of treatment, payment and health care operations, we may also use or disclose your protected health information for the following purposes:

1. To remind you of your surgery date.
2. We may, from time to time, contact you to provide information about treatment alternatives or other health-related benefits and services that we provide and that may be of interest to you.

II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

A. When Legally Required or Permitted. We will disclose your protected health information when we are required or permitted to do so by any federal, state or local law. One situation in which we may disclose your protected health information is in the instance of a breach involving your protected health information, to notify you, law enforcement and regulatory authorities, as necessary, of the situation, and others as appropriate to resolve the situation.

B. When There Are Risks to Public Health. We may disclose your protected health information for the following public activities and purposes:

- To prevent, control, or report disease, injury or disability as permitted by law.
- To report vital events such as birth or death as permitted or required by law.
- To conduct public health surveillance, investigations and interventions as permitted or required by law.
- To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
- To report to an employer information about an individual who is a member of the workforce as legally permitted or required.

C. To Report Suspected Abuse, Neglect Or Domestic Violence. We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

D. To Conduct Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information under this authority if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

E. In Connection With Judicial And Administrative Proceedings. We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. In certain circumstances, we may disclose your protected health information in response to a subpoena to the extent authorized by state law if we receive satisfactory assurances that you have been notified of the request or that an effort was made to secure a protective order.

F. For Law Enforcement Purposes. We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries.
- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if the ENTITY has a suspicion that your health condition was the result of criminal conduct.
- In an emergency to report a crime.

G. To Coroners, Funeral Directors, and for Organ Donation. We may disclose protected health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Once you have been dead for 50 years (or such other period as specified by law), we may use and disclose your health information without regard to the restrictions set forth in this notice. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

H. For Research Purposes. We may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board that has reviewed the research proposal and research protocols to address the privacy of your protected health information. Under certain circumstances, your information may also be disclosed without your authorization to researchers preparing to conduct a research project or for research on decedents or to researchers pursuant to a written data use agreement.

I. In the Event of a Serious Threat to Health or Safety. We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

J. For Specified Government Functions. In certain circumstances, federal regulations authorize the ENTITY to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

K. For Worker's Compensation. The ENTITY may release your health information to comply with worker's compensation laws or similar programs.

L. Business Associates. We may contract with one or more business associates through the course of our operations. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. We required that our business associates sign a business associate agreement and agree to safeguard the privacy and security of your health information.

III. Uses and Disclosures Permitted without Authorization but with Opportunity to Object

We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your surgery or payment related to your surgery. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

IV. Uses and Disclosures which you Authorize

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization. Examples of disclosures that require your authorization are:

A. **Marketing.** Except as otherwise permitted by law, we will not use or disclose your health information for marketing purposes without your written authorization. However, in order to better serve you, we may communicate with you about refill reminders and alternative products. Should you inquire about a particular product-specific good or service, we may also provide you with informational materials. We may also, at times, send you informational materials about a particular product or service that may be helpful for your treatment.

B. **No Sale of Your Health Information.** We will not sell your health information to a third party without your prior written authorization.

V. Your Rights

You have the following rights regarding your health information:

A. **The right to inspect and copy your protected health information.** You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your surgeon and the ENTITY use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, you may have the right to have a decision to deny access reviewed.

We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision.

To inspect and copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last page of this Privacy Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.

Please contact our Privacy Officer if you have questions about access to your medical record.

B. **The right to request a restriction on uses and disclosures of your protected health information.** You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Privacy Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

If you request that the ENTITY not disclose your protected health information to your health plan for the purposes of payment or healthcare operations (but not treatment), and if you are paying for your treatment out of pocket in full, then the ENTITY must honor your requested restriction. Otherwise, the ENTITY is not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If the ENTITY does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.

C. **The right to request to receive confidential communications from us by alternative means or at an alternative location.** You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how

payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to our Privacy Officer.

D. The right to request amendments to your protected health information. You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Requests for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendments.

E. The right to receive an accounting. You have the right to request an accounting of certain disclosures of your protected health information made by the ENTITY. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Privacy Notice. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for an ENTITY directory, to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. After January 1, 2014 (or a later date as permitted by HIPAA), the list of disclosures will include disclosures made for treatment, payment or health care operations using our electronic health record (if we have one for you). We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

F. The right to obtain a paper copy of this notice. Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically.

VI. Our Duties

The ENTITY is required by law to maintain the privacy of your health information and to provide you with this Privacy Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all future protected health information that we maintain. If the ENTITY changes its Notice, we will provide a copy of the revised Notice by sending a copy of the revised Notice via regular mail or through in-person contact at your next visit. In the event there has been a breach of your unsecured protected health information, we will notify you.

VII. Complaints

You have the right to express complaints to the ENTITY and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the ENTITY by contacting the ENTITY's Privacy Officer verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

VIII. Contact Person

The ENTITY's contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. If you feel that your privacy rights have been violated by the ENTITY you may submit a complaint to our Privacy Officer by sending it to:

Privacy Officer
New England Laser & Cosmetic Surgery Center
1072 Troy-Schenectady Rd
Latham, NY 12110