

Prescott Plastic Surgery and Med Spa, PLLC

Last Updated: August 11, 2025

HIPAA NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

Our Legal Duty

We are required by applicable federal and state laws to maintain the privacy of your protected health information (“PHI”). We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your PHI.

Your Rights

- Access – Request to inspect or obtain a copy of your medical and billing records in paper or electronic form.
- Amend – Request corrections to your records if you believe they are incomplete or inaccurate.
- Confidential Communications – Request that we contact you in a specific way (e.g., at a certain address or phone number).
- Restrictions – Request restrictions on our use or disclosure of your PHI for treatment, payment, or healthcare operations. We are not required to agree, but if we do, we will comply unless the information is needed for emergency treatment.
- Accounting of Disclosures – Request a list of certain disclosures we have made of your PHI.
- Paper Copy – Request a paper copy of this Notice, even if you have agreed to receive it electronically.
- Representative Access – Allow your legal guardian, health care proxy, or medical power of attorney to act on your behalf.

Our Uses and Disclosures

For Treatment: We may use and share your PHI with other healthcare providers who are treating you.

For Payment: We may use and share your PHI to bill and receive payment from your insurance company or a third party.

For Healthcare Operations: We may use and share your PHI to run our practice, improve care, and contact you when necessary.

Other Permitted and Required Uses and Disclosures

We may share your information without your written authorization for:

- Public health reporting
- Abuse, neglect, or domestic violence reports
- Health oversight activities
- Judicial and administrative proceedings
- Law enforcement purposes
- Organ and tissue donation
- Workers' compensation claims
- Research purposes
- To prevent or reduce a serious threat to health or safety

Uses and Disclosures Requiring Written Authorization

We will obtain your written authorization for:

- Marketing purposes
- Sale of your PHI
- Most uses and disclosures of psychotherapy notes

You may revoke an authorization at any time in writing.

Our Responsibilities

- Maintain the privacy and security of your PHI.
- Notify you promptly if a breach occurs.
- Follow the terms of this Notice.
- Not use or share your information other than as described unless you give written authorization.

Changes to This Notice

We reserve the right to change our privacy practices and the terms of this Notice at any time.

Questions or Complaints

If you have questions or believe your privacy rights have been violated, contact:

Privacy Officer: Practice Administrator
Prescott Plastic Surgery and Med Spa, PLLC
2507 Bush Ridge Drive, Suite B
Louisville, Kentucky 40245
Phone: 502-589-8000

You may also file a complaint with the U.S. Department of Health and Human Services at:
Office for Civil Rights – www.hhs.gov/ocr/privacy/hipaa/complaints/
We will not retaliate against you for filing a complaint.