

# Coastal Empire Plastic Surgery Shanklin Plastic Surgery Center

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This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

## PLEASE REVIEW CAREFULLY

**Treatment-** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment-** Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of services provided, and the medical condition being treated.

**Health care options-** Your health information may be used as necessary to support day-to-day activities and management of Coastal Empire Plastic Surgery. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**Law enforcement-** Your health information may be disclosed to law enforcement agencies to support government audits and inspectors, to facilitate law enforcement investigations, and to comply with government-mandated reporting.

**Public health reporting-** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the states public health department.

**Type of Facility-** Private for profit physician owned facility.

Other uses and disclosures require your authorization. Disclosure of your health information or its uses for any other purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

### Additional Uses and Information

**Appointment reminders-** Your health information may be used by staff to send you appointment reminders.

**Information about treatments-** Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

### **Individual Rights**

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your private health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and whom your protected health information has been disclosed
- The right to receive a printed copy of this notice.

### Coastal Empire Plastic Surgery duties:

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

### Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

**Request to inspect Protected Health Information**

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that request to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the Medical Records Clerk or the Privacy Officer. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

**Advance Directives**

Do you have an advance directive?     Yes     No    If yes, please provide copy.

It is the policy of Coastal Empire Plastic Surgery to ask each patient about advance directives they may have executed and place a copy in the medical record. However, it will not be enforced as long as the patient is present and being treated. If an emergent event occurs, the patient will be treated and stabilized then transferred to St. Joseph Hospital where a copy of the advance directives will be sent along with other pertinent patient information.

If you are interested in information regarding Advance Directives you can contact:

Georgia Division of Aging Services, 2 Peachtree Street NW, Suite 9.398, Atlanta, GA 30303-3142 or call the Division's information and Referral Specialist at (404) 657-5319. Copies of the Advance Directives forms and its instructions are available at no cost to you at the following websites:

<http://aging.dhr.gerorgia.gov/DHR-DAS/GEORGIA%20ADVANCE%20DIRECTIVE%20FORHEALTH%20CARE-07.PDF>

<http://gha.org/publications/public/other/AdvanceDirective.pdf>

**Any grievances may be filed in writing at anytime to:**

Attn: Elizabeth Turner  
Coastal Empire Plastic Surgery  
900 Mohawk St. Suite A  
Savannah, GA 31419

All grievances will be reviewed within 2 business days. Notification of the grievance process includes: whom to contact to file a grievance; that he or she will be provided with a written notice of the grievance determination that contains the name of the facility contact person, the steps taken on his or her behalf to investigate the grievance, the results of the grievance and the grievance completion date within 5 business days.

**Complaints Against the Surgery Center:**

1) DCH-HFRD Complaint Dept.  
2 Peachtree Street NW Suite 31.477  
Atlanta, GA 30303-3142  
(404) 657-5726 or 5728  
1-800-878-6442

or Medicare recipients may contact

2) The office of the Medicare Beneficiary Ombudsman at  
<http://www.medicare.gov/navigation/help-and-support/ombudsman.asp>

**Complaints Against the Physician:**

1) Composite State Board of Medical Examiners  
Attn: Ms. Gladys Henderson, Complaints Unit  
2 Peachtree Street NW 36<sup>th</sup> floor  
Atlanta, GA 30303-3142  
(404) 657-6487

1. Can we call you at home? Yes or No      Can we leave a message? Yes or No

2. Can we call you at work? Yes or No      Can we leave a message? Yes or No

3. With whom may we discuss your medical condition:

\_\_\_\_\_

**I received the previous information verbally & in writing.**

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_