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### **Notice of Privacy Practices for Protected Health Information**

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!**

Our office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

**Example:**

- A nurse or medical assistant obtains treatment information about you and records it in a health record.
- During the course of your treatment, the physician determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.

**Example of use of your health information for payment purposes:**

- We submit requests for payment to your health insurance company

**Example of Use of Your Information for Health Care Operations:**

- We may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance.

**Your Health Information Rights**

The health and billing records we maintain are the physical property of the doctor's office. You have the following rights with respect to your Protected Health Information

1. Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office;
2. Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information
3. Right to inspect and copy your health record and billing record-you may exercise this right by delivering the request in writing to our office;
4. Right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office. (The physician or other health care provider is not required to make such amendments);
5. Right to receive an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office.

If you want to exercise any of the above rights, please contact my office manager in person or in writing, during normal hours. She will provide you with assistance on the steps to take to exercise rights.

**PLEASE COMPLETE THE FOLLOWING QUESTIONS:**

May we leave a message on your home answering machine?	Yes	or	No
May we leave a message for you at work to call us?	Yes	or	No
May we discuss your medical condition with another person?	Yes	or	No

**Please list name or names and relationship of person or persons that we may discuss your condition.**

**NAME**

**RELATIONSHIP**

\_\_\_\_\_  
\_\_\_\_\_

**PATIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_