HIPAA NOTICE OF PRIVACY PRACTICES

BURN AND RECONSTRUCTIVE CENTERS OF AMERICA, LLC

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 of Privacy Practices ("NPP") describes how we may use and disclose your protected health information ("PHI") 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 PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

RIGHTS OF THE PATIENT

Obtaining Information: When it comes to your health information, you have certain rights. You may obtain a paper copy of this NPP promptly at any time, even if you agreed to receive the notice electronically. You can ask to see or get an electronic or paper copy of your medical record and other PHI we have about you. Let us know in writing if you would like to do this. We will provide a copy or summary of your PHI, with limited exceptions, usually within 30 days of your written request. We may charge a reasonable, cost-based fee. You can request a specific method you wish to be contacted about your PHI to ensure confidential communications, such as home or office phone, or to send mail to a different address. Let us know your preference in writing. We will agree with all reasonable requests. If you believe there is PHI that is incorrect or incomplete, you can request a correction in writing. We may say "no" to your request, but will explain why in writing within 60 days.

Withholding/Sharing of Information: You can ask for certain PHI for treatment, payment, or our operations to not be shared. We are not required to agree to your request, and may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket, you can ask us not to share that information for payment purposes or our operations with your health insurer. We will agree unless a law requires us to share that information. You can request a list of the times we've shared your PHI for six years prior to the date you ask, including whom we shared it with and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures excepted by law (such as any you asked us to make). We will provide one accounting per year for free but will charge a reasonable, cost-based fee if another is requested within a 12-month time period.

Unless you tell us not to, we may share your PHI in the following ways: with family, close friends, or others involved in your care; in the event of a disaster relief situation; to include information in a facility directory; or in contacting you for fundraising efforts (but you can tell us not to contact you again). If you have a clear preference for how we share your information in these situations, talk to us. Tell us what you want us to do, and we will follow your instructions. If you are unable to tell us your preferences, for example if you are unconscious, we may go ahead and share your PHI if we believe it is in your best interest. We never share your PHI without your written consent regarding marketing purposes, sale of information, or most sharing of psychotherapy notes.

Assigning Power of Attorney: If you have given someone medical power of attorney or if someone is legally authorized under law to make health care decisions on your behalf, that person can exercise your rights and make choices about your PHI. We will make sure the person has this authority and can act for you before we take any action.

Filing a Complaint: If you feel your rights have been violated, a complaint can be filed by contacting us using the information at the end of this notice, or by filing a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. They may be reached through the mail at 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or online at www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Treatment and Public Health: We can share your PHI in certain situations regarding your treatment or public health. These may include sharing with other professionals who are treating you (for example, if a doctor treating you for an injury asks another doctor about your overall health condition), or preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, or preventing a serious threat to anyone's health or safety.

Payment: We can use and share your PHI to bill and get payment from health plans or other entities, such as giving information to your health insurance plan so it will pay for your services.

Operate Our Practice: We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we may use health information about you to conduct quality assessment and improvement activities or to review the competence or qualifications of health care professionals. When an individual dies, we can share that individual's PHI with a coroner, medical examiner, or funeral director. We can also share PHI for communications between other administrations such as organ procurement organizations, health research, workers' compensation claims, law enforcement purposes, health oversight agencies, or special government functions such as military, national security, and presidential protective services. We can also disclose PHI in response to a court or administrative order or subpoena or when state or federal law requires it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Our Responsibilities: We are required by law to maintain the privacy and security of your PHI, to provide you with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. We will inform you promptly if a breach occurs that may have compromised the privacy or security of your PHI. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your PHI other than as described here unless you give permission in writing. If you tell us we can, you can change your mind at any time. Let us know in writing if you change your mind.

We will not share any substance abuse, mental health, genetic testing, HIV, or sexually transmissible disease records without your written permission unless specifically permitted or required by law.

Notwithstanding anything to the contrary in this notice, if you are a patient in Florida, we may only use or disclose your PHI to you, your legal representative, other health care practitioners and providers involved in your care or treatment, and for purposes expressly permitted or required by law (including certain civil, criminal, or worker's compensation proceedings), unless you provide written authorization.

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website www.burncenters.com.

This NPP applies to the following organizations, which are designated as an Affiliated Covered Entity and will all comply with this NPP:

- Burn and Reconstructive Centers of Texas, PLLC
- Burn and Reconstructive Centers of Virginia, PLLC
- Joseph M. Still Burn Centers, Inc.

CONTACT US

Compliance Officer: Howard Merry
howard.merry@burncenters.com
855-863-9595

For more information, visit hhs.gov

Effective date of this notice: 5/15/2025

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

_____

PRACTICE NAME ("PRACTICE")

_____ _____

PATIENT NAME PATIENT ADDRESS

I received a copy of the Notice of Privacy Practices ("NPP") for the above-named practice.

_____

SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE

_____ _____

PRINTED NAME (OF SIGNEE) DATE

If signed by Legal Representative:

_____ _____

RELATIONSHIP TO PATIENT/AUTHORITY TO SIGN REASON PATIENT UNABLE TO SIGN

_____ _____

LEGAL REPRESENTATIVE ADDRESS LEGAL REPRESENTATIVE PHONE NUMBER

Verbal Consent from Capable Patient if Unable to Sign: ☐ Yes

FOR OFFICE USE ONLY

Date NPP provided to patient: _____

Method of delivery (e.g., in person, electronically, etc.): _____

We were unable to obtain a written acknowledgement of receipt of the NPP because:

☐ An emergency existed and a signature was not possible at the time.

☐ The individual refused to sign.

☐ A copy was mailed with a request for signature by return mail.

☐ Unable to communicate with the patient for the following reason: _____

_____

☐ Other: _____

_____ _____

PREPARED BY (PRINTED NAME) SIGNATURE

_____

DATE