METROPOLITAN
PLASTIC SURGERY

3833 N. Fairfax Dr., Suite 350, Arlington, VA 22203 14908 Jefferson Davis Highway, Woodbridge, VA 22191

NOTICE OF PRIVATE PRACTICE

This notice describes how medical information about you may be used and disclosed and how.

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 for 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 service, the services provided, and the medical condition being treated.

HEALTH CARE OPERATIONS. Your health information may be used as necessary to support the day to day activities and management of Saeed Marefat, M.D.

LAW ENFORCEMENT. Your health information may be disclosed to law enforcement agencies, without your permission to support government audits and inspections, 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 state's public health department.

Other uses and disclosures require your authorization. Disclosures of your health information or its use for any 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.

APPOINTMENT REMINDERS. Your health information may be used by our staff to call or send you appointment reminders. If you have an answering machine or voice mail on your home telephone and do not want us to leave a message notifying your of your next appointment, please contact our Privacy officer in writing.

Information about treatments. Your health information maybe used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related good and service 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 protected health information.

The right to amend or submit corrections to your protected health information.

The right to receive an accounting of how and to whom your protected health information has been disclosed.

The right to receive a printed copy of this notice.

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

REQUESTS TO INSPECT HEALTH INFORMATION

As permitted by federal regulation, we require that requests 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 receptionist/patient care coordinator. Please be aware Virginia law allows a $10.00 clerical fee plus .50 a page for the first fifty pages and .25 a page there after a page for copies of medical records provided.

CONCERNS & COMPLAINTS

If you would like to submit a comment, concern, or complaint about our privacy practices, you can do so by sending a letter to :

Privacy Officer
Metropolitan Plastic Surgery P.C.
Saeed Marefat M.D.
14908 Jeff Davis Highway
Woodbridge, VA 22191

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

CONTACT PERSON

The name and address of the person you can contact for further information concerning our privacy practices is:

Privacy Officer
Metropolitan Plastic Surgery P.C.
Saeed Marefat M.D.
14908 Jeff Davis Highway
Woodbridge, VA 22191