# **Gazenko Surgical & Cosmetics Center**

# 1010 W Main Street • Clarksville, AR 72830

# Phone: (479)705-2310 • Fax: (479) 705-2300 • GazenkoSurgical.com

**Notice of Privacy Practices**

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. Effective date is February 22, 2021.

**What Are Your Rights**

**You have the right to your protected healthcare information. This includes obtaining an electronic or paper copy of your medical record (provided within 30 days of the request, ask us how to request a copy), requesting a correction to your medical record, ask for specific and confidential communications, and ask to limit the information we share. If you pay for services out-of-pocket in full, you can ask us not to share your information with your health insurer. You may also request a list of the times we have shared your health information, who we shared it with and why. Additionally, you may choose someone to act for you through a medical power of attorney or legal guardian. We will ask for documentation before we discuss your care with that person.**

**You may file a complaint if you feel your rights have been violated. You may contact our HIPPA Privacy Director listed on the last page or directly to the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hippa/complaints/.**

**You can ask for a paper copy of this notice at any time.**

**How We Collect Information About You**

Gazenko Surgical & Cosmetics Center (GSCC) and its employees collect data through a variety of means including but not necessarily limited to medical forms, letters, phone calls, emails, voicemails, and from the submission of outside medical records. We do not collect information on visitors to our website GazenkoSurgical.com

**How We Do Use Your Information:**

Information is only used as is reasonably necessary to provide you with healthcare or cosmetic services which may require communication between GSCC and other health care providers, medical product or service providers, pharmacies, insurance companies, and other business partners necessary to verify your medical information is accurate and determine the type of medical supplies or health care services you need. We will use and share your health information to run our practice, to bill and get payment from health plans or other entities, and to share it with other professionals who are treating you. Additionally your health information may be shared in certain situations including but not limited to those that contribute to the public good (preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence), healthcare research, complying with state or federal laws, responding to organ and tissue donation requests, working with medical examiner, to address workers’ compensation, law enforcement or other government requests, and in response to lawsuits and other legal actions.

This notice also applies to Johnson Regional Medical Center and Central Arkansas Surgical Center where Dr. Gazenko provides surgical care.

**What Are Our Responsibilities:**

Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voicemails), contained in or attached to medical forms, or directly or indirectly given to us, is held in strictest confidence.

We are required by law to maintain the privacy and security of your protected health information. We will promptly let you know if a breach occurs that may have compromised the privacy or security of your information.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about patients that is considered confidential, restricted by law, or specifically restricted by a patient in a signed HIPAA consent form.

**Limited Right to Use Non-Identifying Personal Information From Biographies, Letters, Notes, and Other Sources:**

Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of GSCC. We reserve the right to use non-identifying information about our patients (those who receive services or goods from or through us) for fundraising and promotional purposes that are directly related to our mission.

Patients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without the client’s express advance permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

**Privacy Director: Mrs. ILONA DAVIDSON**