

WELCOME!

Dear Patient,

Welcome to LSUHSC Facial Cosmetic Team! The following pages contain all necessary preoperative materials and must be completed to move to the next step in the surgery process. To ensure the exchange of critical information essential to the preparation for surgery and the healing process, my staff and I must elicit personal and confidential information from you in order to care for you properly. You need to be fully informed about your decision and understand the guidelines that you must follow to ensure an optimal result. The successful outcome we both seek will be enhanced by your willingness to join us in a mutually responsible partnership. We support you wholeheartedly by sharing our surgical skills and genuine concern about you and your ultimate result.

All paperwork must be completed prior to surgery. Also, you must arrive at least 30 minutes before your scheduled surgery time. After checking in at the front desk, you will meet one of our team members, who will provide care to you on your special and exciting day. During this time, we encourage you to ask questions and/or discuss concerns that you may have. It is very important to us and to you that your questions are answered before you undergo surgery.

This information has been prepared especially for you and we hope that you will read it carefully. As we embark, we want you not only to be informed, but also to feel safe and secure. Speaking for the staff and myself, we appreciate your confidence in us. I assure you that we will do our utmost to achieve the results that you so desire.

Sincerely,

Jeffrey N James, MD, DDS, MBA, FACS, FAACS

WELCOME!

Begin Now

- **PAYMENT FOR SURGERY:** A deposit of one half of the surgery must be paid in full to reserve your date for surgery and the rest must be paid by the day of surgery.
- **STOP SMOKING:** Smoking reduces circulation to the skin and impedes healing. It is best to avoid smoking, second hand smoke and cigarette replacements, such as nicotine patches or gum, in the pre-operative period. Do not smoke; be around smokers or places that are filled with smoke such as nightclubs or casinos.
- **TAKE MULTIVITAMINS:** Start taking multivitamins twice daily to improve your general health once you have scheduled your surgery. (Vitamin C, D, E, B6 and B12).
- **TAKE VITAMIN C:** Start taking 500mg of vitamin C twice daily to promote healing.
- **DO NOT TAKE ASPIRIN OR IBUPROFEN:** Stop taking medications containing aspirin or Ibuprofen. Review the list of drugs containing aspirin and Ibuprofen carefully. Such drugs can cause bleeding problems during and after surgery. Instead, use medications containing acetaminophen (such as Tylenol).
- **LIMIT VITAMIN E:** Limit your intake of Vitamin E to less than 400 mg per day.

The Day Before Surgery

- **PRESCRIPTIONS:** We will provide written prescriptions so that you may fill them at your pharmacy of choice.
- **CLEANSING:** The night before surgery, shower and wash the surgical areas with *Hibiclens*. Do not put on any lotions, oils, or creams. Please remove artificial nails on both index fingers and do not wear dark nail polish.
- **EATING AND DRINKING:** Do not eat or drink anything eight hours before the procedure. This includes water, gum, or mints.

The Morning of Surgery

- **SPECIAL INSTRUCTIONS:** Do not eat or drink anything eight hours prior to your scheduled surgery time! If you take a daily medication, you may take it with a sip of water in the early morning.
- **ORAL HYGIENE:** You may brush your teeth but do not swallow the water.
- **CLEANSING:** Shower and wash the surgical areas again with *Hibiclens*.
- **MAKE-UP:** Please do not wear moisturizers, creams, lotions, makeup or antiperspirant.
- **CLOTHING:** Wear only comfortable, loose fitting clothing that buttons or zips in the front. Remove hairpins, wigs, and jewelry. Please do not bring valuables with you and avoid wearing jeans.
- **CHECK IN/PREPARATION:** Please arrive 30 minutes prior to your scheduled surgery time; do not be late. Patients less than 18 years of age must be accompanied by a parent or legal guardian.

MEDICATIONS TO AVOID and SURGERY PREPARATION

Your safety in surgery requires that you disclose all medications, vitamins, and supplements that you regularly take. In the days prior to surgery, you will be required to stop taking certain medications, vitamins, and supplements, both those you regularly take, and those that may be taken incidentally for pain or other symptoms.

Please notify our office of any and all medications you take during the 14 days prior to surgery. If you have taken a medication that may put you at risk, it may require that your surgery be rescheduled or postponed. This is for your safety. Before you stop taking any prescription drugs, you must receive clearance from the prescribing physician. Please notify our office immediately if you do not receive clearance to stop taking your prescribed medications.

The following drugs could cause life-threatening problems with surgery. If you are on any of the following medications, you must discuss it with the doctor. Patients who take these drugs may require laboratory tests and a consultation to determine when they may safely undergo a surgical procedure.

- Accutane
- Methotrexate
- Elmiron – IC
- Low Molecular Weight Heparin
- Plavix
- Persantine
- Fragmin
- Steroids
- Coumadin
- Ozempic

Aspirin, aspirin-containing medications, and anti-inflammatory agents must not be taken in the two weeks prior to your scheduled surgery date. Always read the active ingredients on any over-the-counter or prescription medications. For your reference, we have attached is a list of common drugs containing aspirin. Aspirin and aspirin containing medications include, but are not limited to, the following:

- Alka Seltzer
- Axotoal
- Orphengesic Synalgos
- Equagesic
- Anacin
- Bayer aspirin
- Excedrin
- Pamprin
- APAC tablets
- Bufferin
- Fiorinal
- Percodan
- Butalbital Compound
- Fiorinal #3
- Percodan Demi
- Arthritis Pain Reliever
- Carisprodal
- Lortab
- Propox Demi
- Arthropan
- Magnaprin
- Cope
- Medipren
- Sodium Salicylate
- Codiene
- Midol
- Ascriptin
- Doan's Pills
- Momentum
- Synalgos DC
- Asperbuf
- Ecotrin
- Norgesic
- Trigesic
- Aspergum
- Emprin Compound

There are several medications that fall under a separate category that must also be discontinued two weeks prior to your scheduled surgery date. A list of these medications include the following.

Anti-inflammatory medications include, but are not limited to, the following:

- Advil
- Phenylbutazone
- Clinoril
- Aleve
- Daypro
- Indomethocin
- Naproxen
- Ruten
- Anaprox
- Meclomen
- Tolectin
- Ansaïd
- Feldene
- Motrin
- Orudis
- Toradol
- Butazoladin
- Ibuprofen
- Nalfon
- Ovuvail
- Voltarten
- Cataflam
- Ifen
- Nuprin

Additional medications to avoid, include, but are not limited to the following:

- Chloratrimeton
- Elavil
- Flexoril
- Lioresal
- Oralflex Ru – Tuss
- Surmontil
- Tetracycline
- Dospan
- Imitrex
- Pamelor
- St. John's Wort
- Triavil
- Parnate
- Vibramycin
- Endep
- Mysteclin F
- Phendimetrazine
- Tagamet
- Vitamin E
- Etiafon
- Nicobid
- Phentermine
- Tenuate
- Zomax
- Flag

About Risks

We want you to fully understand the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. All of us at LSU Oral and Maxillofacial Surgery will use our expertise and knowledge to avoid complications in so far as we are able. If a complication does occur, we will use those same skills in an attempt to solve the problem quickly. The importance of having a specialized and qualified medical team and the use of a state-of-the-art facility cannot be overestimated.

In general, the least serious problems occur more often and the more serious problems occur very rarely. If a complication does arise, you, the physician, and the nursing staff will need to cooperate in order to resolve the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your final result. This may involve an unplanned admission to a hospital and an evaluation in the morning.

Normal Symptoms

Swelling and bruising: Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection.

Discomfort and pain: Mild to moderate discomfort is normal after any surgery. If the pain becomes severe and is not relieved by pain medication, please our office or contact your provider directly.

Incision line crusting: Daily soap and water washes will ensure cleanliness. We usually treat this with antibiotic ointment.

Numbness: Small sensory nerves to the skin surface are occasionally cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually returns, usually within three to six months as the nerve endings heal.

Itching: Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturizers, and massages are frequently helpful. These symptoms are common during the recovery period.

Redness of scars: All new surgery sites are red, dark pink, or purple. Scars on the face usually fade within three to six months.

Common Risks

Hematoma: Small collections of blood under the skin are usually allowed to absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result.

Inflammation and infection: A superficial infection may require antibiotic ointment. Deeper infections are treated with antibiotics. Development of an abscess usually requires drainage.

Thick, wide, or depressed scars: Abnormal scars may occur even though we have used the most modern cosmetic surgery techniques. Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct the scars is occasionally necessary. Some areas on the body scar more than others and some people scar more than others do. Your own history of scarring should give you some indication of what you can expect.

Wound separation or delayed healing: Any incision during the healing phase may separate or

heal unusually slow for a number of reasons. These include inflammation, infection, wound tension, decreased circulation, smoking, or excess external pressure. If delayed healing occurs, the final outcome is usually not significantly affected, but secondary revision of the scar may be indicated.

Sensitivity or allergy to dressings/tape: Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape, or sutures used during or after surgery. Such problems are unusual, and are usually mild and easily treated. In extremely rare circumstances, allergic reactions can be severe and require aggressive treatment or even hospitalization.

Injury to deeper structures: Blood vessels, nerves, and muscles may be injured during surgery. This incidence of such injuries is rare.

More Rare

If they are severe, any of the problems mentioned under Common Risks may significantly delay healing or necessitate further surgical procedures.

Lidocaine toxicity pertaining to lipoplasty: There is the possibility that large volumes of fluid containing diluted local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or systemic reaction to these medications.

Additional treatment, including hospitalization, may be necessary.

Complications

Medical complications such as pulmonary embolism, severe allergic reactions to medications, cardiac arrhythmias, heart attack, and hyperthermia are rare but serious and life threatening. Having a dedicated and sub-specialized medical team reduces these risks as much as possible. Failure to disclose all pertinent medical data before surgery may cause serious problems for you and for the medical team during surgery.

Unsatisfactory Result and Need for Revision Surgery

All cosmetic surgery treatments and operations are performed to improve a condition, a problem, or appearance. While the procedures are performed with a very high probability of success, disappointments occur and results are not always acceptable to patients or the surgeon. Secondary procedures or treatments may be indicated. Rarely, problems may occur that are permanent.

Poor Results: Asymmetry, unhappiness with the result, poor healing, etc. may occur. Minimal differences are usually acceptable. Larger differences frequently require revision surgery. This may result in additional changes.

Other Risks

We have outlined the common and not so common risks of surgery in general. The specific risks and complications of each surgical procedure have been explained elsewhere in this preoperative packet. We have discussed every possible problem that may occur, and you cannot assume that a problem will not occur simply because it is not discussed here.

Smoking Risk and Risk of Exposure to Second Hand Smoke

Smoking may adversely affect wound healing and cause loss (death) of skin. Smoking reduces arterial (blood) oxygen supply, which is necessary for normal wound healing. Exposure to second hand smoke has also been implicated in delayed or abnormal wound healing. It is best to avoid smoking and or second hand smoke in the preoperative period. Nicotine causes blood vessels to constrict and may interfere with normal wound healing. When blood vessels constrict there is less blood supply to the wound and therefore less oxygen for normal healing to take place.

Avoid cigarette replacements such as the nicotine patch, nicotine gum or inhaler in the preoperative period as these have similar effects as smoking and second hand smoke.

SMOKING CONSENT

We strive to offer the finest surgery available and the most predictable outcomes for our patients. Smoking significantly increases the risks associated with poor outcomes in all types of surgery. As a result, we request that all patients who smoke quit for at least four weeks prior to surgery and remain smoke free for at least four weeks after surgery. This minimizes the risks of poor wound healing, increased scarring, and need for further surgery. A past history of smoking is always a cause for caution when choosing an elective surgery and those risks cannot be eliminated - only reduced - by this protocol.

This above statement has been read, completely understood, and your questions have been answered regarding the well known risks of smoking and poor outcomes for surgery of any kind. Your signature below acknowledges this discussion, our recommendations, and your understanding of those increased risks of a poor outcome.

Signature: _____ Date: _____

Printed Name: _____

Witness Signature: _____ Date: _____

POST OPERATIVE CARE

Your First 48 Hours

For the first 24 hours, if you are going home, a family member or friend must drive you because you have been sedated. Someone must stay overnight with you as well. If you choose to stay overnight in our facility, you will need an adult caregiver to stay with you. If you have any questions about these matters, please ask one of our nursing staff.

Take it easy and pamper yourself. Try to avoid any straining. You may go to the bathroom, sit and watch TV, etc., but **NO MATTER HOW GOOD YOU FEEL**, do not clean house, rearrange the attic, etc. We do not want you to bleed and cause any more swelling or bruising that is avoidable. Use common sense as your guide.

Ice packs: Cold or ice packs help to reduce swelling, bruising, and pain. Use frozen peas in the package or crush ice cubes and put the ice into a sealable plastic bag. This should help, not hurt. If the ice feels too uncomfortable, don't use it as often. Leave in place no longer than 20 minutes per area. Rotate ice placement for 24 hours.

Diet: If you have any postoperative nausea, carbonated sodas and dry crackers may settle the stomach. If nausea is severe, use the suppository. If you feel normal, start with liquids and bland foods, and if those are well tolerated, progress to a regular diet.

Alcohol: Alcohol dilates the blood vessels and could increase postoperative bleeding. Please do not drink until you have stopped taking the prescription pain pills, as the combination of pain pills and alcohol can be dangerous.

Driving: Do not drive while taking prescription pain pills. Please be advised that all medications may impair judgment and the ability to drive or operate heavy machinery.

Post-Operative Appointments

It is very important that you follow the schedule of appointments we establish after surgery - one week, two weeks, one month, three months, and six months, and can be achieved through in-office appointments, by Internet by emailing photos, or a combination of both.

HEALING PROCESS

Family and Friends

Support from family and friends is very helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you. We will tell you honestly how you are doing and what we expect your result to be. Please trust in our knowledge and experience when we discuss your progress with you.

Although cosmetic surgery has certainly become more common in the past 20 years, your friends may be reluctant to bring up and discuss what they believe is a private matter. Patients occasionally feel upset that “no one noticed” or “said anything.” If you feel comfortable discussing your surgical experience, do so openly. When people ask how you are, respond saying, “I feel wonderful. I just had cosmetic surgery and I’m recovering.” This lets people know that they may talk freely with you. Often when patients are open, they find that their friends and acquaintances are very interested in discussing the subject.

Depression

Frequently, patients experience a brief period of “let-down” or depression after cosmetic surgery. Some may subconsciously have expected to feel and look better instantly, even though they rationally understand that this will not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As the healing occurs, these thoughts usually disappear quickly. If you feel depressed, understanding that this is a natural phase of the healing process may help you to cope with this emotional state.

Healing

Everyone has the capacity to heal his or herself to one degree or another. Clearly this ability is variable and depends upon a number of factors such as your genetic background, your overall state of health, and lifestyle (exercise, diet, smoking, drinking, etc.). Many people believe that the surgeon “heals” the patient; no one person can make another heal. The physician can facilitate - but not accelerate - the healing process. Your cooperation and close attention is extremely important and in your best interest.

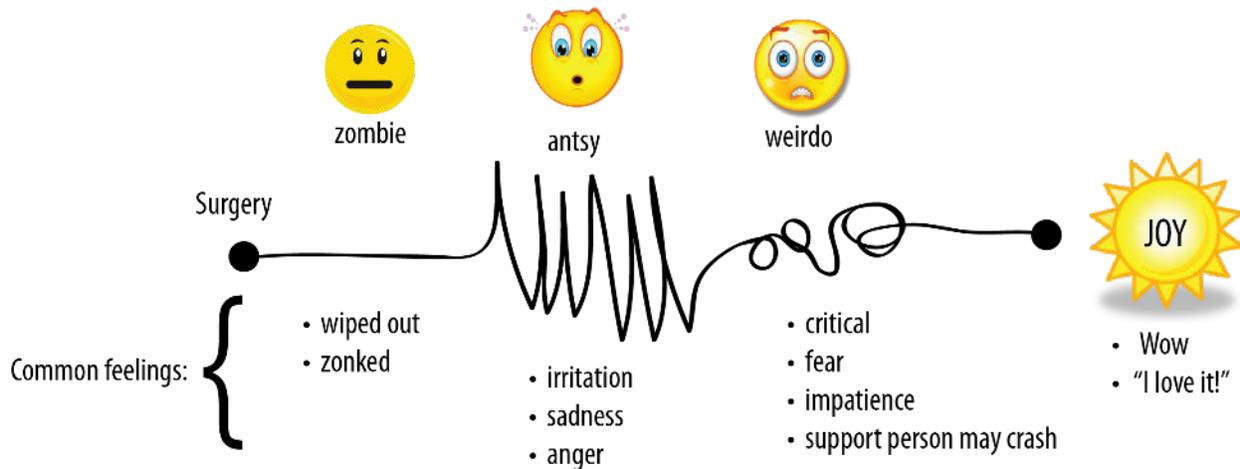
Following instructions: Another major factor in the course of healing is whether or not you follow the instructions given by the staff verbally and within this packet. Such guidelines are designed to promote the healing process and to prevent the occurrence of anything that may interfere with recovery. It is imperative for you to recognize that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise.

Complications: Unexpected occurrences are very infrequent. When they occur, it is seldom a consequence of malpractice. It is far more likely to be a result of the variable healing capacity or the patient’s failure to follow instructions. Rest assured, we will assist you in any way possible with regard to such events. Should the unexpected occur, it is in your best interest to ally yourself with Dr. James and his staff. We will support you through any difficulties and assist you in reaching your goal.

EMOTIONAL AND PHYSICAL REACTIONS

When patients come to see me for their pre-operative visit, I tell them, “Don’t plan on doing anything taxing for a week because you may become tired and want to close your eyes sooner than you normally do.” You may find that watching TV is also a strain. You may also experience some facial pain (if facial surgery) during the first couple of days. I also tell patients, “You can count on some bruising, swelling, and being tired; you can count on some discomfort for the first couple of days, but if you don’t have that, what a nice surprise!”

Emotional Roller Coaster

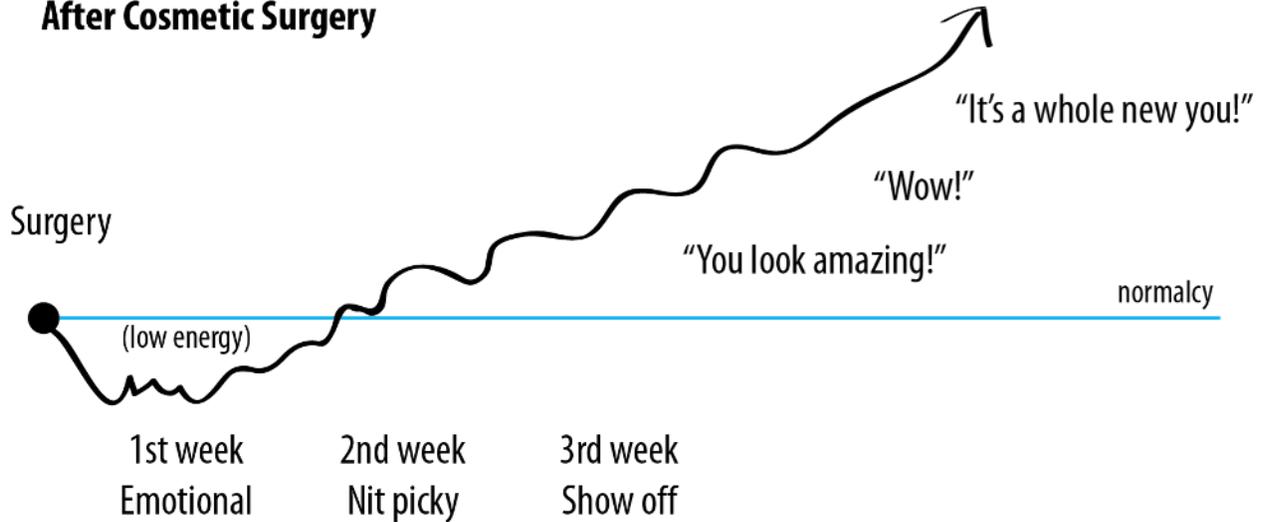


One of the things I ask people during their pre-operative visit is “Who will take care of you?” Then I say, “You want to have somebody who’s really going to take care of you, who won’t say to you when you first get home: “What the heck did you do that for?” Ensure you choose someone that will be very supportive, caring, and warm, because that’s what you’re really going to need. The emotional stages that the patient is going through affects the caretaker too. At the end of the first week, the caretaker may be tired and need to go back to work.

Surgery affects each person differently. The most common reaction is to be depressed on the third or fourth day. However, some patients say, “Well, not me. I didn’t feel depressed.” But three weeks later, they may have a crying jag while driving to work.”

“Sometime near the end of the second week they’ve begun to feel good. And there’s a day in there when they realize that they look magnificent.”

What We Feel and Hear After Cosmetic Surgery



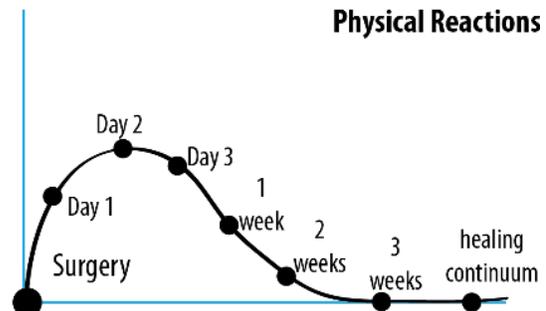
“Patients experience feedback, both positive and negative. Some people tell me that they’re a bit irritated because people are now paying them more attending than they did before.” And I say to them, “Isn’t that why you had the surgery? Because you wanted to be more attractive?” And they reply, “Yes, but why didn’t they like me the way I was?” But eventually, people start to really enjoy the attention.

Anyone who has cosmetic surgery has shown they are a person of courage and they may now demand great deeds from themselves. They have given up the excuse called – “I’d be too afraid to do that.”

Nature’s Healing Curve



Physical Reactions



PROCEDURE SPECIFIC INFORMATION

Review and follow the information pertaining to the specific procedure for which you are scheduled.

Facial Surgery

- **Position:** When reclining, elevate your head and back using several pillows for the first two days after surgery. Lie on your back, rather than your sides or stomach.
- **Ice:** Ice packs or cool damp washcloths should be applied on or around the treated areas for 48 hours. If no bandages are present, place a cloth between the skin and the ice pack to protect skin. Use ice for up to 45 minutes out of each waking hour for the first 24 hours. An easy schedule to follow is 20 minutes on and 20 minutes off.
- **Heat:** Do not use heat packs or heating pads - ever.
- **Activity:** During your post-operative recovery, stay up as much as possible. However, you should rest when tired. Avoid bending over or lifting more than 10 pounds during your first week. Take extra precautions to protect your head and neck from bumps, hits or injuries.
- **Hair Care:** You may wash your hair after the head wrap is removed, which is usually one day after surgery. Allow the water to flow away from your suture lines. Avoid hot air dryers since you may not have full sensation around your ears and areas of incisions.
- **Cosmetics:** Avoid any areas with skin stitches. Make up may be applied three to seven days following your procedure, or otherwise stated by Dr. Nuveen.
- **Sun Exposure:** Protect your facial skin from excessive sun exposure as long as the treated areas are still pink. When the treated areas are no longer pink, ordinary exposure is not harmful, however, sunscreen should always be used.
- **Cleaning:** Mix two tablespoons of peroxide and water in a small cup. Discard each time, do not save mixture. Use Q-Tips and peroxide solution to clean all blood and material from incision. Do not leave any crusts or blood on the stitched area. Repeat as desired. Keep out of eyes. Cover all incisions with ointment, do not allow them to dry or scab over. Do not apply any bandages or other material to surgical area, unless instructed otherwise.

CONSENT FOR PHOTOGRAPHY

I consent to the taking of photos, slides, or video footage by Dr. James or his designee of me or parts of my body in connection with the cosmetic surgery procedure(s) to be performed by Dr. James.

I provide this authorization as a voluntary contribution in the interests of public education. I understand that such photographs shall become the property of LSUHSC Oral and Maxillofacial Surgery and may be retained or released for the limited purpose of including them in any print, visual or electronic media, specifically including, but not limited to, websites, medical journals and textbooks, for the purpose of informing the medical profession or the general public about cosmetic surgery procedures and methods.

Neither I, nor any member of my family, will be identified by name in any publication. I understand that in some circumstances the images may portray features that will make my identity recognizable.

I understand that I may refuse to authorize the release of any health information and that my refusal to consent to the release of health information will prevent the disclosure of such information, but will not affect the health care services I presently receive, or will receive, from Dr. James.

I understand that I have the right to inspect and copy the information that I have authorized to be disclosed. I further understand that I have the right to revoke this authorization in writing at any time, but if I do so it won't have any affect on any actions taken prior to my revocation. If I do not revoke this authorization, it will expire one year from the date written below.

I understand that the information disclosed, or some portion thereof, may be protected by state law and/or the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

I release and discharge Dr. James, LSUHSC, and all parties acting under their license and authority from all rights that I may have in the photographs and from any claim that I may have relating to such use in publication, including any claim for payment in connection with distribution or publication of the photographs

1. ___I authorize LSUHSC, its employees, and associates to digitally record me via photograph and video, and create reproductions of such digital images for my medical record. This authorization includes all photographic and digital images of any part of my body.

2. ___I authorize LSUHSC the use of my photographs and digital images for medical research, patient education, and media purposes. Such photographs and digital images may be published in professional journals, medical books, advertisements, websites, or any other purpose that Dr. Jeffrey N James deems appropriate in the interest of medical education, patient education, and media. It is specifically understood that in any such publication or use, I shall not be identified by name. I understand that such identification is never intentional, but could possibly occur. I certify that I have read the above Authorization and Release and fully understand its terms.

Signature/Guardian of Minor _____ Date _____

INTRAVENOUS SEDATION CONSENT

You have chosen IV sedation/general anesthesia for your surgery, a common procedure that is considered quite safe. Nevertheless, any anesthesia carries some risk and the common ones known for intravenous sedation are noted below for your review before you consent to its use:

1. Allergic reactions (previously unknown) to any medications used.
2. Discomfort, swelling, or bruising at the site where the drugs are placed into a vein.
3. Vein irritation, called phlebitis, where the needle is placed into a vein. Sometimes this may progress to a level of discomfort where arm or hand motion may be restricted, or further medication or care may be required.
4. Nausea and vomiting, although not common, are unfortunate side effects of intravenous anesthesia. Bed rest, and sometimes medications, may be required for relief.
5. Intravenous sedation is a serious medical procedure and whether given in a hospital or office, carries with it the risk of brain damage, stroke, heart attack, or death.

Your obligations:

1. Because the anesthetic medication (including oral premedication/sedation) causes prolonged drowsiness, you must be accompanied by a responsible adult to drive you to and from surgery, and stay with you for several hours until you are recovered sufficiently to care for yourself. Sometimes the effects of the drugs do not wear off for 24 hours
2. During recovery time (normally 24 hours), you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents.
3. You must have a completely empty stomach. It is vital that you have nothing to eat or drink for six hours prior to your anesthetic. **TO DO OTHERWISE MAY BE LIFE THREATENING.** Note: If directed by your doctor, sips of water may be used to take regular medications or prescriptions or prescriptions given to you by this office.

Signature/Guardian of Minor _____ Date _____

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.

We respect our legal obligation to keep health information that identifies you as private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment, or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you, faxing a prescription to be filled, referring you to another doctor or clinic for care or services, or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims, and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance personnel decisions; participation in managed care plans; defense of legal matters; business planning; outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, (we will) (we will not) ask you for special written permission.

We will ask for special written permission in the following situations:_____.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;

- uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid, or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- disclosure to a medical examiner in identifying a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health related research;
- uses and disclosures to prevent a serious threat to health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials , for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- disclosures for de-identified information;
- disclosures relating to worker’s compensation programs;
- disclosures of a limited data set for research, public health, or health care operations;
- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to “business associates” who perform health care operation for us and who commit to respect the privacy of your health information;

Unless you object, we will also share relevant information about your care with your family or friends who are helping with your care.

APPOINTMENT REMINDERS

We will call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card, and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not at home.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written authorization form. The content of an “authorization form” is determined by federal law. Sometimes, you may initiate the process if it’s your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of this notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office contact person at the address, fax or email at the beginning of this notice.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home by mailing health information to a different address, or by using email to your personal email address. We will accommodate these 3 requests if they are reasonable, and if you pay us for any extra costs. If you want to ask for confidential communications, send a written request to the office contact person at the address, fax or email shown at the beginning of this notice.
- Ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (or 60 days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written

explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30 day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the office contact person at the address, fax or email shown at the beginning of this notice

- Get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). By law, the list will not include; disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law, and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the office contact person at the address, fax or email shown at the beginning of this notice.
- Get additional paper copies of this notice of privacy practices upon request. It does not matter whether you got one electronically or in paper form already. If you want an additional paper copy, send a written request to the office contact person at the address, fax or email shown at the beginning of this notice.

OUR NOTICE OF PRIVACY PRACTICES

By law we must abide by the terms of this notice of privacy practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our notice of privacy practices, we will post the new notice in our office, have copies available in our office, and post in on our Web site.

COMPLAINTS

If you think we have not properly respected the privacy of your health information, you are free to complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office contact person at the address, fax or email shown at the beginning of this notice. If you prefer, you can discuss your complaint in person or by phone.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this notice.

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of *Notice of Privacy Practices*.

Signature: _____ Date: _____

Printed Name: _____

Witness: _____ Date: _____