

**Elite Medicine and Aesthetic Institute**  
**Fawn Winkelman, D.O.**  
**1905 Clint Moore Road., Suite 203, Boca Raton, FL 33496**  
**Telephone (561) 826-6650 Fax (561) 826-6649**

**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. This notice is effective as of August 01, 2015.**

We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to your health information.

**Uses and Disclosures of Your Health Information.**

We collect health information from you and store it in a chart and on a computer. This is your medical record. The medical record is the property of the our office. The information in the medical record belongs to you. We protect the privacy of your health information. The law permits us to use or disclose your health information for the following purposes:

1. **Treatment:** We may use your health information to determine a course of treatment, to coordinate within our office, or to other health care professionals outside of our office involved in your care, with your written permission.
2. **Payment:** We may use or disclose your health information to seek approval for certain services, bill for those services and collect payment from third party payers.
3. **Regular Health Care Operations:** We may use and disclose health information to facilitate the function of our office necessary to provide quality care to all of our patients. Our healthcare operations include such activities as:
  - . Quality assessment and improvement activities.
  - . Reviewing the qualifications of healthcare professionals.
  - . Professional review and performance evaluation.
  - . Compliance auditing and training programs.
4. **Information provided to you:** We may use and disclose your health information to contact you as a reminder that you have an appointment and may, in some instances, leave a message on your answering machine. If you do not wish for us to leave a message, please inform us using the "Acknowledgement of Receipt of Privacy Notice" form.
5. **Notification and communication with family:** We may disclose your health information to a family member with your written consent.
6. **Required by law:** As required by law, we may use and disclose your health information.
7. **Public health:** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing injury, disability or crimes; reporting abuse or neglect; reporting domestic violence; and reporting threats to your health or safety or the health or safety of others.
8. **Health oversight activities:** we may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
9. **Judicial and administrative proceedings:** We may disclose your health information in the course of any administrative or judicial proceeding.
10. **Law enforcement:** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
11. **Public safety:** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
12. **Worker's compensation:** We do not perform worker's compensation claims.
13. **Change of Ownership:** In the event that Elite Medicine and Aesthetic Institute is sold or merged with another organization, your health information/record will become the property of the new owner.

**When Elite Medicine and Aesthetic Institute May Not Use or Disclose Your Health Information:**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without your written authorization. You may revoke your authorization in writing at any time.

**Your Health Information Rights**

1. You have the right to request restrictions on certain uses and disclosures of your health information.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. For example, you might wish us to discuss your health condition or other health information in private with no family members present. You can request that we not leave messages on your answering machine.  
We will make every effort to comply with your reasonable requests for confidential communications.
3. You have the right to look at or get copies of your health information. If you make a request for copies of your records a nominal fee may be charged for copying and assembling costs associated with your requests.
4. You have a right to request that we amend your health information that is incorrect or incomplete. We are not required to change your health information if the records you are requesting are not part of our records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if in our opinion the records containing your health information are accurate and complete.
5. You have a right to receive an accounting of disclosures of your health information made by us, except that we do not have to account for the disclosures related to treatment, payment, health care operations and certain other activities provided to you.
6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, please contact us.

**Changes to this Notice of Privacy Practices**

We reserve the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, we are required by law to comply with this Notice.

**Complaints**

Complaints about this Notice of Privacy Practices or how we handle your health information should be directed to:

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If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at: [www.hhs.gov](http://www.hhs.gov).