



HIPPA Compliance Statement

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

At Lakes Cosmetic Institute, we are committed to protecting your privacy. We comply with all federal, state and local laws. This notice describes how we use your health information. It describes some of your rights and some of our responsibilities.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit our offices, we record your symptoms, physical examination (including photographs), and treatment. This information enables us to: plan for your care, charge for our work and improve the quality of our care.

YOUR RIGHTS

Although your chart belongs to our practice, the information contained in your chart is yours. You have the right to: inspect your records, obtain a copy of your chart for a small fee, correct your record, and tell us not to release your information.

OUR RESPONSIBILITIES

We are required to: maintain the privacy of your health information; send needed health information to other medical providers, certain government agencies and others. We may be required to release some information, even without your permission.

EXAMPLES OF HOW YOUR INFORMATION IS USED

Your Health information will be recorded and used to plan your treatment. Reports may be sent to other doctors to help plan your treatment. In providing your care, we may communicate with other individuals or business.

OTHER NOTICES

We may leave a message at your home, cell phone, at your business, on your answering machine or on your voicemail. We may mail you written notices. We may need to disclose your information to your family members or other people helping with your care. In doing so, we will use our best judgement. We may disclose information to others as required by law or subpoenaed. We may, from time to time, update these policies.