

by law; and (before or after death) to funeral homes as necessary to carry out their duties. In addition, PHI of a person who has died may be used or disclosed in connection with research that does not involve any live subjects. Our use and disclosure of PHI must comply not only with federal privacy regulations but also with applicable Iowa law which may be more restrictive than federal laws. **VI. Why is it important that personal health information be used and disclosed as described above?** *The activities described above are necessary to effectively operate our clinic.* Quality assessment and research programs help us review and improve the services we provide. Therefore, to the extent permitted or required by law, we use and disclose PHI. **VII. What does a person need to do to request other disclosures of personal health information?** If you want us to make your records available to a neighbor, friend or organization that is helping you with your affairs to resolve a question about your care or payment for that care, you may notify us in writing. If you later change your mind about the special authorization, you may send a letter to us at the address listed on the form to let us know that you would like to revoke the special authorization. In any communication with us, please provide your name, address, patient or member identification number or Social Security number, and a telephone number where we can reach you in case we need to contact you about your request. **VIII. What other rights does a person have with respect to personal health information, and how can the person exercise those rights?** ♦□ *You have a right to ask us in writing to restrict use or disclosure of your PHI related to your treatment, related to your payment or related to routine health care facility operations. In addition, you may request PHI disclosure restrictions to family members, other relatives or close friends involved in your care. We are not required to agree to such a restriction, but if we do agree, we will honor our agreement except in case of an emergency. Any restriction we agree to is not effective to prevent uses or disclosures of PHI (i) required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with federal privacy regulations adopted under the Health Insurance Portability and Accountability Act of 1996; (ii) for health facility directories (e.g., a roster of patients staying at a hospital); or (iii) for certain activities permitted or required by law (see Section V above).* *You may request, in writing, to receive confidential communications containing your PHI from us in ways or at locations that are outside our usual process.* Our staff will make every effort to accommodate reasonable requests. However, if you demonstrate danger to yourself we may not comply with your request. For example, this rule protects patients who are victims of domestic

violence who wish to have health information sent to an address other than his or her own. *You have a right to review and obtain a copy of existing PHI contained in (i) medical and billing records about you maintained by us. You must make your request in writing. We may charge a fee for any copies you request.* ♦□ *You have a right to request that we amend the records described above for as long as we maintain them.* You must make the request in writing and give us a reason for the amendment. We may deny your request if: (i) we determine that we did not create the record, unless the originator of the PHI is no longer available to act on the requested amendment; or (ii) if we believe that the existing records are accurate and complete. Note that an amendment may take several forms, for example we may add an explanatory statement to a record rather than changing it. *You have a right to receive an accounting of disclosures made by us to any third party in the six years prior to the date on which the accounting is requested.* This right does not apply to certain disclosures, including, but not limited to, disclosures made for the purposes of treatment, payment or health care operations; disclosures made to you or to others involved in your care; disclosures made with your authorization; disclosures made for national security or intelligence purposes or to correctional institutions or law enforcement purposes; or disclosures made prior to January 1, 2007. You must make any request for an accounting in writing and we may charge a fee to fill more than one request in any given year. Written requests should go to: The re\*be Skin Clinic P.O. Box 125 1008 East View Ave, Okoboji, IA 51355 Phone (712) 332-6001 **What does The re\*be Skin Clinic plan to do with personal health information about patients, and employees who are no longer affiliated with The Clinic?** *re\*be does not necessarily destroy PHI when individuals terminate their relationship with us. In many cases, the information is subject to legal retention requirements. The policies and procedures that protect all PHI against inappropriate use and disclosure apply regardless of the status of any individual whose information is maintained.*

# re\*be Privacy Policy



the science of better skin

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. IF YOU ARE INTERESTED PLEASE REVIEW IT CAREFULLY.**

**Notice of Privacy Practices at re\*be a subsidiary of My Skin Clinics P.L.C.** Federal law requires us to disclose our Privacy Practice to you. We required to make this information available to you but there is no requirement that you read this document. If you have concerns taking a few moments to read this will give you a better understanding of how we use and protect the information we get from you. **Types of Information We Collect.** Health care and related information such as your name, address, social security number, date of birth, medical history, diagnosis, treatment, health plan or payer information and financial responsibility are collected. This is known as ‘protected health information’. **Confidentiality and Security of Your Personal Information.** We restrict access to PHI to those who need the information to provide services, products or benefits to our patients, employees, health plan members and their dependents. We have policies that restrict unauthorized use and disclosure of this information. The *Notice of Privacy Practices* applies to you because you are a person receiving health care treatments or are responsible for someone who is receiving treatments at re\*be. **The re\*be Notice of Privacy Practices.** The re\*be Clinic is here to provide medical, surgical and cosmetic procedures to those who need or want them. We treat a diverse range of individuals of all ages, back rounds, from all over the United States and now several foreign ♦□ countries. re\*be needs to and does collect, use, and disclose personal health information to do its job. This information is private and confidential and belongs to you. It is our policy to protect the information against unlawful use and disclosure. **I. What is this notice?** *This notice describes information we collect, how we use that information, and when and to whom we may disclose it.* **II. What is “personal health information”?** *Personal health information or “PHI” is current, past or future information created or received by re\*be through its staff, health plans and contractors.* It relates to the physical or mental condition of a patient or plan member, the provision of health care to that person, or payment for the care. **III. What types of personal health information does The re\*be Skin Clinic collect?** re\*be collects PHI through interactions with you at one of our clinics, events,



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1008 EAST VIEW AVE UNITS 6 & 8  
OKOBOJI, IOWA 51355  
PHONE (712) 332-6001  
FAX: (712) 332-6010  
OR (712) 332-LIPO 6476  
8:00 AM TO 7:00 PM MON-SAT

**Dr. Ronald J. Kolegraff M.D. A.S.G.S. A.C.P.**

[www.rebeyou.com](http://www.rebeyou.com)

OFFICE BASED SURGERY

SKIN

VEIN

through the hospital or elsewhere we may come interact with you or your family. PHI may be obtained in writing, in person, by telephone and electronically. *The information we collect varies depending on who collects it and why, but generally includes information about your relationship and transactions with us. Examples include:* If you receive health care services as a *client* of re\*be we may collect or create information such as your name, address, telephone number, social security number, date of birth, medical history, diagnosis, treatment, provider identification and treatment information, financial responsibility and payment information, and family and emergency contact information. ♦□ From your plan sponsor or other payers (e.g., employers, unions, government agencies) regarding eligibility for coverage and other available coverage. ♦□ From other health care providers (e.g., your family doctor or other specialists, dentists, psychologists, pharmacies, hospitals and other caregivers) such as medical history, diagnosis and treatment. ♦□ From affiliates and agents (e.g., central diagnostic and referral units, pharmacy benefits managers, vendors, etc.) who help administer our Affiliated Health Plans about service requests and benefits provided. ♦□ From you, your family or other caregivers about your treatment, medical history, or any aspect of coverage under the your health plan. **IV. How does The re\*be Skin Clinic protect personal health information internally?** *Access to PHI is restricted to only those employees who need it to provide services, products, or treatments to our patients, employees, and their dependents.* We maintain physical, technical and procedural safeguards to protect PHI against unauthorized use and disclosure. **V. What personal health information does re\*be use or disclose to third parties, and for what purposes?** *When necessary for a patient's care or treatment, we use PHI internally, disclose it to health care providers (doctors, dentists, psychologists, pharmacies, hospitals and other caregivers), insurers, third party administrators, plan sponsors and other payers (employers, health care provider organizations, and others who may be responsible for paying for or administering your health benefits); vendors, consultants, government authorities; and their respective agents.* They also are required by law to keep PHI confidential. Some examples of what we do with the information we collect and the reasons it might be disclosed to third parties are described below. *Treatment, Payment and Health Care Operations* **We may use or disclose PHI to provide health care services or administer our health benefits plans. Examples of these uses and disclosures include:** ♦□ Treatment. re\*be staff use and disclose PHI to provide, coordinate and manage health care and related services. These activities include coordination

or management of health care by re\*be staff with other third parties and patient referrals among outside providers. ♦□ Payment. re\*be staff use and disclose PHI to obtain and provide reimbursement for the provision of health care to patients. Examples of these activities include: billing, claims management, collections activities, as well as related data processing; making eligibility, coverage, medical necessity, and related determinations, coordinating benefits among various payers, recovering payments from third parties liable for coverage; risk adjustment. ♦□ Health Care Operations. re\*be staff use and disclose PHI in connection with their standard business operations, including quality assessment and improvement activities. Examples of these activities could include obtaining accreditation from independent organizations or boards, outcomes evaluation and development of clinical guidelines, conducting or arranging for medical review, legal services, and auditing functions, business planning and development; and business management and general administrative activities, including data and information systems management, customer service, and sales, mergers, transfers, or consolidations with other providers or health organizations. *Other Activities Permitted or Required by Law* **We may use or disclose PHI for other important activities that are permitted or required by law. These include:** ♦□ Appointment Reminders and Treatment Alternatives. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits or services that may be of interest. Public Health and Safety. We may use or disclose PHI as necessary to prevent or reduce a serious and imminent threat to the health or safety of a person or the public, to people who may be able to reduce the threat, including the threatened person or law enforcement officials; or for other public health activities to public health authorities (such as the Iowa Department of Community Health or the U.S. Department of Health and Human Services) engaged in preventing or controlling disease, injury, or disability. For example, Iowa health care providers (including re\*be staff) are required to report information about patients with certain conditions, such as HIV/AIDS and some cancers, to central registries; they also are required to report information about immunizations administered to their patients. We also may disclose PHI to manufacturers of drugs, biologics, devices, and other products regulated by the federal Food and Drug Administration when the information is related to their quality, safety, or effectiveness. PHI also may be disclosed to certain people exposed to communicable diseases and to employers in connection with occupational health and safety or worker's compensation matters. ♦□ Required by Law. We may use or disclose PHI to the extent such use or disclosure is required by law and it complies with and is limited to the requirements of that law. For example, if you are treated for

a gunshot or knife wound or similar trauma, we may be required to report that information to the police. If we suspect a person is a victim of abuse, neglect, or domestic violence, we may be required to file a report to the a local or state agency and possibly to the police as well. We also may use and disclose PHI for certain law enforcement purposes and in response to official subpoenas, court orders, discovery requests and other legal process. In addition, we use and disclose PHI in connection with health oversight activities (e.g., government audits of our compliance with certain laws and regulations; oversight of government-funded health benefits programs, etc.). ♦□ Other Government Functions. Although highly unlikely, we may use or disclose PHI in connection with military and veterans activities, national security and intelligence activities, protective services for the President of the United States and other dignitaries, and certain correctional facility activities. ♦□ Research. We may use and possibly disclose PHI in connection with research performed by us or staff. In most cases, while PHI may be used to help prepare a research project or to contact you to ask whether you want to participate in a study, it will not be further disclosed for research without your authorization. In addition, PHI may be used or disclosed to compile "limited or de-identified data sets" that do not include your name, address, social security number or other direct identifiers. These data sets may, in turn, be used for research purposes. Plan Sponsor Communications. Our staff may disclose PHI to the employer, union, government agency or other organization that pays for the costs of your coverage (the "plan sponsor") as follows: to carry out plan administration functions; in summary form to obtain premium bids from health plans or to modify, amend, or terminate plans; and enrollment and participation information. We will disclose PHI to a plan sponsor only upon receipt of certification by the plan sponsor that it will appropriately use and protect the information and honor your rights (as described in Section VIII below) to access, review and amend the information, and to receive an accounting of certain disclosures of the information. For example, the plan sponsor will not be permitted to use the information for the purpose of employment related actions or decisions or in connection with any other benefit or employee benefit plan that it sponsors. Family and Friends. Under certain circumstances, we may disclose PHI to family members, other relatives, or close personal friends or others that you identify to the extent it is directly relevant to their involvement with your care or payment related to your care; or to notify them of your location, general condition, or death. We may disclose PHI to coroners or medical examiners to identify a person who has died, determine the cause of death, or perform other functions authorized