

LAWRENCE PLASTIC SURGERY, P.A.
1112 W. 6th Street, Suite 210
Lawrence, KS 66044

NOTICE OF PRIVACY PRACTICES

Effective Date: January 2003
Revised Date: January 1, 2026

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 understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We create a medical record of the care and services you receive to provide you with quality medical care, to obtain payment for services provided to you, and to enable us to meet our professional and legal obligations to operate our medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with this Notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This Notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you would like additional copies of our "Notice of Privacy Practices", it is available on our website (www.lawrenceplasticsurgery.com) or by calling our Privacy Officer, the office manager, at (785) 843-7677.

If you have any questions about this notice or would like further information, please contact the above referenced individual.

WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of information we gather about you while providing quality health-related services. Some examples of protected health information are:

- Information indicating you are a patient or receiving services from our practice;
- Your health condition;
- Genetic information;
- Your health benefits;
- Your name, address, social security number, phone number, or other identifiable information.

REQUIREMENT FOR WRITTEN AUTHORIZATION

Generally, we will obtain your written authorization before using your health information or sharing it with others outside our practice. There are certain situations where we must obtain your

written authorization before using your health information or sharing it, including:

Marketing. We may not disclose any of your health information for marketing purposes if our practice will receive direct or indirect financial remuneration not reasonably related to our cost of making the communication.

Sale of Protected Health Information. We will not sell your protected health information to third parties. The sale of protected health information, however, does not include a disclosure for public health purposes, for research purposes where our practice will only receive remuneration for our costs to prepare and transmit the health information, for treatment and payment purposes, for the sale, transfer, merger or consolidation of all or part of our practice, for a business associate or its subcontractor to perform health care functions on our behalf, or for other purposes as required and permitted by law.

If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it. To revoke a written authorization, please write to the Privacy Officer at our practice. You may also initiate the transfer of your records to another person by completing a written authorization form.

**HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION
WITHOUT YOUR WRITTEN AUTHORIZATION**

There are some situations when we do not need your written authorization before using your health information or sharing it with others, including:

1. Treatment, Payment and Health Care Operations.

Treatment. We may use medical information about you to provide you with medical treatment services. We may disclose medical information about you to other medical personnel who are involved in taking care of you. For example, we will need to provide medical information when ordering x-rays, mammograms, or lab work. Your doctor in our practice may share your health information with another doctor to determine

how to diagnose or treat you. Your doctor may also share your health information with another doctor to whom you have been referred for further health care.

Payment. We may use your health information or share it with others so that we may obtain payment for your health care services. For example, we may need to give your health insurance company medical information about you to support our claim for reimbursement. We may also tell your health plan about treatment you are going to receive to obtain prior authorizations for your procedure. We may also provide information about you to other health care providers to assist them in obtaining payment for treatment and services provided to you.

Health Care Operations. We may use your health information or share it with others in order to conduct our business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you.

2. Appointment Reminders, Treatment Alternatives, Benefits and Services. In the course of providing treatment to you, we may use your health information to contact you with a reminder that you have an appointment for treatment, services, or refills in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

3. Business Associates. We may disclose your health information to contractors, agents and other “business associates” who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may share your health information with a billing company that helps us obtain payment from your insurance company, or we may share your health information with an accounting firm or law firm that provides professional advice to us. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information. If our business associate discloses your health information to a subcontractor or vendor, the business associate will have a written contract to ensure that the subcontractor or vendor also protects the privacy of the information.

4. Friends and Family Designated to be Involved in Your Care. We also may disclose medical information about you to people outside the office who may be involved in your care after you leave the office, surgery center, or hospital. This may be family members, friends, or other medical providers we use to provide services that are part of your care.

5. Proof of Immunization. We may disclose proof of a child’s immunizations to a school if child is a student or prospective student of that school, as required by State or other law, if a parent, guardian, other person acting in loco parentis, or an emancipated minor authorizes us to do so. A written authorization is not required.

6. Emergencies or Public Need.

Emergencies or as Required by Law. We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you. We may use or disclose your health information if we are required by law to do so, and we will notify you of these uses and disclosures if notice is required by law.

Public Health Activities. We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials), so they may carry out their public health activities under law, such as controlling disease or public health hazards. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if permitted by law. We may disclose a child’s proof of immunization to a school, if required by State or other law, if we obtain and document the agreement for disclosure from the parent, guardian, person acting in loco parentis, an emancipated minor or an adult. And finally, we may release some health information about you to your employer if we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

Victims of Abuse, Neglect or Domestic Violence. We may release your health information to a public health authority authorized to receive reports of abuse, neglect or domestic violence.

Health Oversight Activities. We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Lawsuits and Disputes. We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute. We may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if required authorization is obtained.

Law Enforcement. We may disclose your health information to law enforcement officials for certain reasons, such as complying with court orders, assisting in the identification of fugitives or the location of missing persons, if we suspect that your death resulted from a crime, or if necessary, to report a crime that occurred on our property or off-site in a medical emergency.

To Avert a Serious and Imminent Threat to Health or Safety. We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious

physical harm to another person (unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

National Security and Intelligence Activities or Protective Services. We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military and Veterans. If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates and Correctional Institutions. If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

Workers' Compensation. We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners and Funeral Directors. In the event of your death, we may disclose your health information to a coroner or medical examiner. We may also release this information to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation. In the event of your death or impending death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

7. Completely De-identified or Partially De-identified Information. We may use and disclose your health information if we have removed any information that has the potential to identify you so that the health information is "completely de-identified." We may also use and disclose "partially de-identified" health information about you if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will *not* contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).

8. Incidental Disclosures. While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during

appointments in our office, other patients in the area may see or overhear discussions of your health information.

9. Research. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

10. Changes to this Notice. We reserve the right to change this notice at any time and to make the revised or changed notice effective in the future. We will notify you of any changes.

11. Acknowledgement. We are required by law to provide you with this notice and obtain your written acknowledgement. Your care and treatment from this office is not conditioned upon your willingness to provide written acknowledgement of receipt.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

You have the following rights to access and control your health information:

1. Right to Inspect and Copy Records. You have the right to inspect and/or obtain a copy of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records, including medical and billing records. This right does not include inspection and copying of PHI in the following situations: your physician has determined that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person; information in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. To inspect or obtain a copy of your health information, please submit your request in writing to the Privacy Officer. We may charge a fee for the costs of copying, mailing or other supplies used to fulfill your request.

2. Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you were not permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed

in conjunction with any subsequent disclosure of the disputed information.

3. Right to an Accounting of Disclosures. You have a right to request an “accounting of disclosures,” which is a list with information about how we have shared your health information with others. To obtain a request form for an accounting of disclosures, please write to the Privacy Officer. You have a right to receive one list in a 12-month period for free. However, we may charge you for the cost of providing any additional lists in that same 12-month period.

4. Right to Receive Notification of a Breach. You have the right to be notified if there is probable compromise of your unsecured protected health information if the breach poses a significant risk of identity theft, financial, reputational or other harm to you within sixty (60) days of the discovery of the breach. The notice will include a description of what happened, including the date, the type of information involved in the breach, steps you should take to protect yourself from potential harm, a brief description of the investigation into the breach, mitigation of harm to you and protection against further breaches and contact procedures to answer your questions.

5. Right to Request Restrictions. You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, run our normal business operations or disclose information about you to family or friends involved in your care. You also have the right to request that your health information not be disclosed to a health plan if you have paid for the services in full, and the disclosure is not otherwise required by law. The request for restriction will only be applicable to that service. You will have to request a restriction for each service thereafter. To request restrictions, please write to the Privacy Officer. We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so.

6. Right to Request Confidential Communications. You have the right to request that we contact you about your medical matters in a more confidential way, such as calling you at work instead of at home. We will not ask you the reason for your request and we will try to accommodate all reasonable requests, if necessary, contact information has been provided to our office.

7. Right to Have Someone Act on Your Behalf. You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

8. Right to Obtain a Copy of Notice. If you are receiving this notice electronically, you have the right to a paper copy of this notice. As we reserve the right to amend this “Notice of Privacy

Practices” at any time in the future, we will keep a copy of the most current notice in our reception area and on our website.

9. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint by contacting our Privacy Officer listed at the top of this “Notice of Privacy Practices” or with the Secretary of the Department of Health and Human Services. Lawrence Plastic Surgery will not withhold treatment or take action against you for filing a complaint.

10. Use and Disclosures Where Special Protections May Apply. Some kinds of information, such as HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information, are considered so sensitive that state or federal laws provide special protections for them. Therefore, some parts of this general “Notice of Privacy Practices” may not apply to these types of information.

Patient Account Number: _____

LAWRENCE PLASTIC SURGERY, P.A.

ACKNOWLEDGMENT AND CONSENT

By signing below, I acknowledge that I have been provided a copy of the "Notice of Privacy Practices" advising me of how my personal health information may be used and disclosed by Lawrence Plastic Surgery and how I may obtain access to and control of this information. Also, by signing below, I consent to the use and disclosure of my health information to treat me and arrange for my medical care, to seek and receive payment for services given to me, and for the business operations of the medical practice, its staff, and business associates.

Patient's Name (Please Print)

Patient's Date of Birth

Signature of Patient or Personal Representative

Date

Print Name of Patient or Personal Representative

Relationship of Personal Representative to Patient

Office Use:

NPP Version: January 1, 2026 or _____

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