Keelee MacPhee, MD

Plastic & Reconstructive Surgery

**Notice of Privacy Practices**

Keelee MacPhee, MD (Renaissance Plastic & Reconstructive Surgery, PA) treats all personal health information as confidential and privileged information. Your medical information will be used for treatment, payment and health care operations. Examples follow:

 -Our physician and health team will use the information to treat you.

-Our billing personnel may use the information to bill you or your insurance company if applicable.

-Our office will use the information for business purposes such as quality assessment programs, correspondence to referring physicians, or other business associates as needed. We require all of our business associates to demonstrate that they comply with our confidentiality requirements and to sign an agreement that restricts their use of the records.

Our staff is trained to protect the privacy of your medical records and financial information. If you have any concerns or questions regarding your personal health information you may contact Keelee MacPhee, our designated privacy officer.

If you wish to place any specific restrictions on the way we use your records, please designate below and return to our office staff. Thank you.

\_\_\_\_No restrictions requested.

\_\_\_\_I request that you restrict my information in the following way:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_I will allow Dr. MacPhee to discuss my lab results with the person(s) I have listed below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_relationship to patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_relationship to patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature Printed Name Date