



NOTICE OF PRIVACY PRACTICES

Sharma Plastic Surgery

Effective Date: _____

Last Reviewed: _____

Last Updated: _____

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.

OUR COMMITMENT TO YOUR PRIVACY

Sharma Plastic Surgery is committed to protecting the privacy of your Protected Health Information (PHI). We comply with HIPAA and AAAASF standards.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

- Treatment: We may use and disclose your health information to provide care.
- Payment: We may use your information for billing and insurance purposes.
- Healthcare Operations:
 - Quality improvement (QAPI)
 - Peer review and credentialing
 - Staff training
 - Accreditation compliance (AAAASF)
 - Patient safety activities
- Appointment Reminders & Communications:

We may contact you via phone, text, or email.

- Facility Accreditation & Patient Safety:

We may use information for case review, outcomes tracking, and safety protocols.

USE OF PHOTOGRAPHS:

With your authorization, photos may be used for documentation, education, or marketing (separate consent required).

YOUR RIGHTS:

- Access your records
- Request corrections
- Request restrictions
- Request confidential communication
- File complaints

OUR RESPONSIBILITIES:

- Maintain privacy and security
- Notify of breaches
- Follow this notice

CONTACT INFORMATION:

Sharma Plastic Surgery

Phone: 239-482-7676

Address: 12640 Creekside Lane Ft. Myers, FL 33919

ACKNOWLEDGMENT OF RECEIPT

Patient Name: _____

Signature: _____

Date: _____