

MAGICAL  
PLASTIC SURGERY

# NOTICE OF PRIVACY PRACTICES

Full Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last Name First Name Middle MM/DD/YYYY

Healthcare providers are required by federal law (HIPAA) to provide each patient with a **Notice of Privacy Practices (NPP)**, which explains how their protected health information may be used and disclosed. Magical Plastic Surgery, LLC complies with all relevant privacy laws. In addition to this NPP, a patient can download a copy of the most recent version by visiting our company website at [www.magicalplasticsurgery.com/npp](http://www.magicalplasticsurgery.com/npp) or by requesting a copy in-person from our facility.

**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.**

If you have any questions about this notice, please contact the Office Manager or email: [privacy@magicalplasticsurgery.com](mailto:privacy@magicalplasticsurgery.com)

Magical Plastic Surgery, LLC takes privacy matters seriously. The information we collect about you and your health is private. Our clinic is required by federal and state law to protect this information. The purpose of this notice is to inform you how we may use or disclose information about you. Below are examples and how we may handle your information. Please note that all situations cannot be described. We are required to give you notice of our privacy practices regarding the information we collect and keep about you. You may have additional privacy rights based on your location of residence.

Protected Health Information (“**PHI**”) is information about you (“**Patient**”), including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. Your PHI is subject to use or disclosure by our clinic’s physicians, office staff, employees, or other third parties that are involved in your care and treatment, including electronic disclosures.

► **Required Disclosures:** Our clinic is required to disclose PHI to you directly when requested in accordance with your rights, as described below, or to the Department of Health and Human Services when investigating or determining the Practice’s compliance with HIPAA.

► **Your Rights:** When it comes to your health information, you have certain rights and this includes: Getting an electronic or paper copy of your medical record. Contact us for pricing and further details. You may ask us to correct health information about you that is incorrect or incomplete. You can request that we contact you/not contact you in a specific way. You can ask us to limit what we use or share about you, get a list of those with whom we’ve shared information. You are entitled to review our privacy policies. You can choose someone to act for you, such as someone who you have given a medical power of attorney, a legal guardian, and that person can exercise your rights. You have the right to file a complaint if you feel your privacy rights are violated.

We can be required or permitted by certain laws to use and/or disclose information without your written authorization. We typically use or share your health information in the following ways:

► **Treat You:** We can use and share your PHI to manage your health care, including coordinating with third parties, consulting with other doctors, or making referrals. For example, we may provide your PHI to a referred physician or a pharmacy for your care.

► **Run Our Organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.

► **Payment:** We can use and share your health information to bill and get payment from you or other entities.

► **Help with Public Health and Safety Issues:** We can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone’s health or safety.

► **Do Research:** We can use or share your information for health research.

► **Comply with the Law:** We will share information about you if state or federal laws require it, to comply with HHS requests, etc.

► **Respond to Organ and Tissue Donation Requests:** We can share your health information with organ procurement organizations.

► **Work with a Medical Examiner or Funeral Director:** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

► **Address Lawful Requests:** We can use or share health information about you: For workers’ compensation claims, law enforcement purposes or with a law enforcement official, with health oversight agencies, for activities authorized by law, or for other special government functions such as military, national security, and presidential protective services.

► **Respond to Lawsuits and Legal Actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Effective: 4/15/2025

To Download the Latest version of Our NPP, go to: [www.magicalplasticsurgery.com/npp](http://www.magicalplasticsurgery.com/npp)

Magical Plastic Surgery | 8809 Commodity Cir, Orlando, FL 32819 | Tel. (407) 974-4600 | Fax (407) 317-5908 | [info@magicalplasticsurgery.com](mailto:info@magicalplasticsurgery.com)