NAYAK PLASTIC SURGERY avani DERM SPA

Welcome to Nayak Plastic Surgery and Avani Derm Spa!

Please print and complete pages 2-7 of this file prior to your visit and bring them with you. Please also bring your driver's license or photo ID. If you are unable to complete the paperwork in advance, please arrive 15-30 minutes early to complete it in our office before your scheduled appointment time.

If you have a consultation with Dr. Nayak, please expect to spend about an hour at our office. Injectable treatments, if desired, can usually be performed the same day, with minimal recovery. **If you are considering surgery, please bring your calendar and be prepared to pay a deposit.** Surgical dates fill quickly, and the **first open surgical dates are likely to be several months after your consultation**. If you have questions about the consultation, recovery or any procedures with Dr. Nayak, please call the office and ask to speak to a Consult Coordinator. **There is a fee to reserve a consultation with Dr. Nayak, payable when booking the appointment.** You may apply this amount toward the cost of your surgery. **If you miss your appointment or cancel less than 48 hours in advance, your consult fee will be donated to Dr. Nayak's annual medical mission to Vietnam.** We do not accept any medical insurances.

Nonsurgical consultations with our estheticians and nurse injectors are complimentary. Our highly-skilled estheticians plan their appointment times to provide each client with expert care and undivided, unhurried attention. **We ask that esthetic clients give us 24 hours' notice to cancel or reschedule an appointment.** We understand that things come up unexpectedly, however, **patients who cancel or reschedule 3 times with less than 24 hours' notice will be required to put down a deposit for all future appointments, which will be forfeited if the appointment is canceled less than 1 business day in advance.**

If you are interested in treatment with injectables or a surgical procedure you should discontinue use of aspirin, ibuprofen (Motrin/Advil), Naprosyn (Alleve), vitamin E, Garlic, Ginger, Ginseng, St. John's Wort or Ginko two weeks prior to your desired surgery or procedure date. If you are taking one of the above medications under a doctor's care, you must check with that doctor before discontinuing use. You may take Tylenol or Extra Strength Tylenol. If you are unsure whether a product is safe to take before a procedure, please call our office.
We recommend registering for each companies' rewards program before your appointment, so you may start earning points toward your rewards immediately.

Allergan's rewards program (Botox, Juvederm): https://alle.com/
Galderma's rewards program (Dysport, Restylane): https://www.aspirerewards.com/

Patient satisfaction is our number one priorty. Our office staff is made up of bright, energetic professionals who are happy to answer any questions you may have before or after your visit. We look forward to meeting you!

Thank you,

Allie Israelson, Practice Manager - Director of General Operations
Erin Suermann, Practice Manager - Director of Systems & Administration
Jenny Brader, Practice Manager - Medical Spa Director

NAYAK PLASTIC SURGERY

PATIENT REGISTRATION (please print)

Legal Last Name _____ Legal First Name _____ MI _____

Maiden Name _____ Preferred First Name _____

Date of Birth _____ Age _____ Marital Status _____

Street Address _____ City _____

State _____ Zip _____ Email _____

Primary Phone _____ Alternate Phone _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Full Name _____ Emergency Contact Phone Number _____

_____ Initial here to authorize us to freely disclose/discuss your care with your Emergency Contact.

ALL PROFESSIONAL SERVICES ARE CHARGED TO THE PATIENT. THE PATIENT IS RESPONSIBLE FOR ALL FEES. I UNDERSTAND THAT I AM RESPONSIBLE FOR MY SERVICE FEES.

IN THE EVENT THAT DR. LAXMEESH NAYAK OR A STAFF MEMBER OF NAYAK PLASTIC SURGERY, P.C. IS EXPOSED TO A BLOOD-BORNE PATHOGEN AS A RESULT OF ANY TREATMENT OR PROCEDURE PERFORMED ON ME, I HEREBY CONSENT TO PERFORMANCE OF HIV, HEPATITIS B AND HEPATITIS C ANTIBODY TESTS.

IMPORTANT: AS OF 3/1/18, WE NO LONGER ACCEPT CHECKS FOR PRODUCTS AND NONSURGICAL SERVICES. CASH AND ALL MAJOR CREDIT CARDS ACCEPTED. WE ALSO DO ACCEPT SOME FINANCING PLANS THROUGH PATIENTFI AND CARE CREDIT. PLEASE CONTACT US FOR MORE INFORMATION.

Patient's Signature (If 18 years or older) _____ Date _____

Parent/Guardian's Signature (If under 18 years) _____ Date _____

NAYAK
PLASTIC SURGERY

NOTICE OF PRIVACY PRACTICES:
Acknowledgement of Receipt

By signing this form, you acknowledge receipt of and agree to the *Notice of Privacy Practices* of Nayak Plastic Surgery, PC. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to review it carefully.

Our *Notice of Privacy Practices* is subject to change. If we change our Notice, you may obtain a copy of the revised Notice on request from your health care team.

I acknowledge receipt of and agree to the *Notice of Privacy Practices* of Nayak Plastic Surgery, PC.

X Signature: _____ Date: _____
(patient/parent/conservator/guardian)

To be completed only if no signature is obtained:
If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of provider representative: _____ Date: _____
Reasons why the acknowledgement was not obtained:
□ Patient refused to sign.
□ Other or Comments:
_____
_____

RESUSCITATION POLICY
It is the policy of Nayak Plastic Surgery to perform full resuscitation on any patient.

NAYAK PLASTIC SURGERY, P.C.
ARBITRATION AGREEMENT

This Arbitration Agreement is executed by Dr. Laxmeesh Nayak and Nayak Plastic Surgery, P.C. (also d/b/a Avani Day Spa), individually and on behalf of its staff and employees (collectively, "NPS") and you ("Patient"). The parties to this Arbitration Agreement agree that any and all claims, disputes and controversies (collectively referred to as "claims") arising out of, or in connection with, or relating in any way to any diagnosis, treatment, medical service, or spa service received, or goods purchased from NPS or any of its employees will be resolved exclusively by binding arbitration. This includes, but is not limited to, claims for payment, nonpayment, refunds, breach of contract, breach of privacy, fraud or misrepresentation, negligence, malpractice, claims for equitable relief or claims based on tort, contract, statute, or warranty.

Should you initiate a claim, the parties agree to use as expert witnesses (with respect to issues concerning the standard of care), only physicians who are board certified by the American Board of Facial Plastic and Reconstructive Surgery. The parties agree that these physician experts will be obligated to adhere to the guidelines or code of conducted defined by the American Academy/Board of Facial Plastic and Reconstructive Surgery. The parties further agree to require any attorney hired by them to adhere to these provisions.

Any arbitration conducted pursuant to this Arbitration Agreement shall be conducted by JAMS, an independent and impartial entity regularly engaged in providing arbitration services, in accordance with the JAMS Comprehensive Arbitration Rules and Procedures, which can be found at http://www.jamsadr.com ("Rules"). In the event of any inconsistency between this agreement and the Rules, the arbitrator shall apply the terms of this agreement. The parties acknowledge that this provision alters the Rules. This agreement shall be governed by and interpreted under the Federal Arbitration Act, 9 U.S.C. Sections 1-16.

The parties agree that this Arbitration Agreement shall inure to the benefit of and binds the parties, their spouses, heirs, children, siblings, representatives, successors and assigns. The parties further intend that this agreement is to survive the lives or existence of the parties hereto.

All claims based in whole or part on the same incident, transaction or related care or service provided by NPS to you shall be arbitrated in one proceeding. A claim shall be waived and forever barred if it arose and should reasonably have been discovered prior to the date upon which notice of arbitration is given to NPS and such claim is not presented in the arbitration proceeding.

You have the right to seek legal counsel concerning this Arbitration Agreement. Execution of this Arbitration Agreement is not a precondition to the furnishing of services to you. In the event a Court having jurisdiction finds any phrase, clause, sentence or provision of this Arbitration Agreement unenforceable, the remainder of the agreement shall be enforceable.

The parties acknowledge and understand that arbitration is a complete substitute for traditional litigation and by entering in to this agreement the parties are giving up and waiving their constitutional right to have any claim decided in a court of law before a judge and a jury, as well as any appeal from a decision or award of damages.

Patient certifies that he/she has read this Arbitration Agreement and understands its contents.

THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES.

Patient's Signature _____ **Date** _____

Laxmeesh Nayak, M.D.'s Signature _____ **Date**_____

Nayak Plastic Surgery's Signature _____ **Date**_____

Nayak Plastic Surgery
Patient Health/Skin History Form

Name _____ Today's Date _____

Date of Birth _____ Age _____ Sex _____ Height _____ Weight _____

Primary Care Physician_____

How did you hear about us? _____

Procedures I would like to discuss *(Check all that apply)*:

Facial Rejuvenation:
- ☐ Necklift
- ☐ Facelift
- ☐ Eyelid Correction
- ☐ Forehead/Brow Lift
- ☐ Fat Transfer

Profile Surgery:
- ☐ Chin Implant
- ☐ Cheek Implant
- ☐ Facial/Neck Liposuction
- ☐ Nasal Surgery

Ear Surgery:
- ☐ Reduce Prominence
- ☐ Reduce Earlobe Size
- ☐ Repair Torn Earlobe

Skin Rejuvenation:
- ☐ Wrinkles
- ☐ Pigmentation/Age Spots
- ☐ Redness/Rosacea
- ☐ Roughness/Texture
- ☐ Scars/Acne Scarring
- ☐ Large pores
- ☐ Acne

Injectables:
- ☐ Botox/Dysport
- ☐ Juvederm
- ☐ Restylane
- ☐ Voluma
- ☐ Lip Augmentation
- ☐ FakeLift

Nonsurgical Procedures:
- ☐ Hair removal
- ☐ Laser Resurfacing
- ☐ Chemical Peels
- ☐ Photofacial/IPL
- ☐ CoolSculpting Fat Reduction
- ☐ Ultherapy facial tightening
- ☐ Microlaser Peel
- ☐ Thermiva – Treatment for Leakage, Dryness & Sexual Function in Women

Please indicate in your own words what concerns you have:

_____

_____

Have you ever had or used:

yes	no	
☐	☐	Retin A
☐	☐	Chemical peels
☐	☐	Microdermabrasion
☐	☐	Laser, type _____
☐	☐	Botox
☐	☐	Restylane, Collagen, Juvederm, Fillers
☐	☐	Silicone, Sculptra, Artefill
☐	☐	Accutane
☐	☐	Herpes (or cold sore) medication
☐	☐	Oral contraceptives

Current skin care regimen:

Cleanser _____

Toner _____

Scrub _____

Exfoliator _____

Sunscreen _____

Moisturizer _____

Other _____

Sun exposure:
Past: ☐Little ☐Excessive
Present: ☐ Little ☐ Excessive

Tanning Beds:
Past: ☐Little ☐Excessive
Present: ☐ Little ☐ Excessive

Sunscreen:
☐Never ☐Occasional ☐Daily

Review of Systems

Please circle any symptoms below that you feel are affecting your health:

General: Fatigue, unexplained weight gain/loss, fever, chills, night sweats, sleep problems, pain.

Skin: New or changing skin growth, unexplained rash.

Head: Headaches, recent trauma.

Eyes: Blurred/loss of vision, eye pain, discharge, glasses/contacts, **dryness, LASIK, glaucoma**

Ears: Excessive noise exposure (loud music), ear pain, loss of hearing, ringing in ears, drainage.

Nose: Frequent bloody nose, sinus pain, post nasal drainage, congestion.

Mouth: Tooth pain, oral sores, bleeding.

Throat: Hoarse voice, voice changes, pain or difficulty swallowing, frequent soreness or swelling.

Neck: Pain, stiffness, swelling.

Chest: Breast changes or lumps, nipple discharge, chest wall pain.

Lungs: Cough, shortness of breath, wheezing. **CPAP?**

Heart: Murmurs, palpitations, pain with exertion, passing out.

Stomach: Frequent nausea, vomiting, diarrhea, constipation, abdominal pain, bleeding, constipation.

Urinary Tract: Frequent urination, pain on urination, blood in urine.

Musculoskeletal: Joint pain, swelling, muscle pain, stiffness, restricted movement, swelling.

Nervous System: Loss of consciousness, dizziness, seizures, weakness or numbness in any body part, tremors, twitching.

Mental Health: Feelings of nervousness/anxiety/panic, crying spells, depression, confusion, problems concentrating.

Blood/Lymph: Anemia, bleeding tendency, easy bruising, swollen/painful lymph nodes.

Other:

_____

Personal/Family Medical History

Please check where you or members of your family, have had the following:

	Yourself	Father	Mother	Father's Side	Mother's Side	Brother(s)	Sister(s)
AIDS/HIV							
Alcoholism							
Anemia							
Anxiety							
Arthritis							
Asthma							
Bleeding Problem							
Cancer							
Cirrhosis							
Dementia							
Depression							
Diabetes Mellitus							
Eczema, Hives Rash							
Eye Problem/Glaucoma							
Heart Disease/Murmur							
Hemophilia							
High/Low Blood Pressure							
High Cholesterol							
Kidney/Bladder Problem							
Liver Disease/Jaundice							
Lung Disease							
Mental Illness							
Osteoporosis							
Parkinson's Disease							
Peptic Ulcer Disease							
Phlebitis/Blood Clot							
Rheumatic Fever							
Seizures/Epilepsy							
Sickle Cell Disease							
Stroke							
Thallasemia							
Thyroid Disease							
Tuberculosis							

Other: _____

_____

_____

Allergies:
□ None
□ Medication Allergies (& reaction caused)
_____

□ Other _____

Do you have a Latex allergy?: □ Yes □ No

General/Social Information:
Would you be able to lie on your back comfortably for 4 hours? □ No □ Yes
Any nicotine in the last 3 months? □ Yes □ No
□ Cigarettes □ Cigars □ Pipe □ Ecig □ Gum/patch
□ Other _____
If yes, how much/how long? _____
Are you a former smoker? □ Yes □ No
If yes, when did you quit? _____
Do you drink alcohol? □ Yes □ No
If yes, how much and how often do you drink?
_____

Exercise: How much/what kind?
_____
Have you ever used **(check one)**:
□ Cocaine
□ Methamphetamines
□ Intravenous drugs
□ Marijuana or other smoked drugs
□ Afrin or other nasal sprays for longer than 2-3 days?
□ None of the above
If yes, what, how long, and how recently?:
_____
Are you pregnant or nursing? □ No □ Yes
With whom do you live?
□ I live alone. □ I live with _____
Are you currently: (Please select)
Single☐ Married☐ Partnered☐ Widowed☐
Divorced☐ Separated☐
Current occupation/employment: (Please circle)
Retired☐ Disabled☐ Working as _____
Emergency Contact?
_____ _____ _____
(Name) (relationship) (phone #)

Please list all current medications
Prescription Drugs:

Name	Dose	Reason for taking it

Over the counter: (aspirin, Tylenol, antihistamines, herbals, vitamins, etc)

Name	Dose	Reason for taking it

Please list current illnesses/health problems:
_____
_____
_____
_____

Please list surgeries and hospitalizations:

	Year

Please list any facial implants you have:
_____
_____
_____
_____

ALL PROFESSIONAL SERVICES ARE CHARGED TO THE PATIENT; NO INSURANCE OR MEDICARE COVERAGES APPLY.I, THE UNDERSIGNED, DO HEREBY GIVE MY CONSENT FOR NAYAK PLASTIC SURGERY, PC, TO FURNISH TREATMENT CONSIDERED NECESSARY, AND PROPER IN DIAGNOSING AND/OR TREATING MY PHYSICAL AND COSMETIC CONDITION(S).

Patient Signature (Date)

Form completed by _____
(If person other than patient)

_____
Physician Signature

Consent for Use of Photographs/Videos

I, _____, give my informed and voluntary consent to L. Mike Nayak, M.D. and/or his associates to take photographs and/or video of me pre-operatively, intra-operatively, and post-operatively. I understand that these photographs and/or videos will be utilized to show the transformation process to the general public which includes current and prospective patients. I understand entirely that this authorization is completely voluntary and that people may recognize my face. I understand that any disclosure of information has the potential of unauthorized disclosure and that information may or may not be protected by applicable federal and/or state confidentiality rules. Dr. L. Mike Nayak or any representative cannot guarantee, nor have liability should you disclose any identifying factors to a third party as they may not be required to maintain your privacy.

Nayak Plastic Surgery and Avani Derm Spa has my permission to share my photos and videos online.

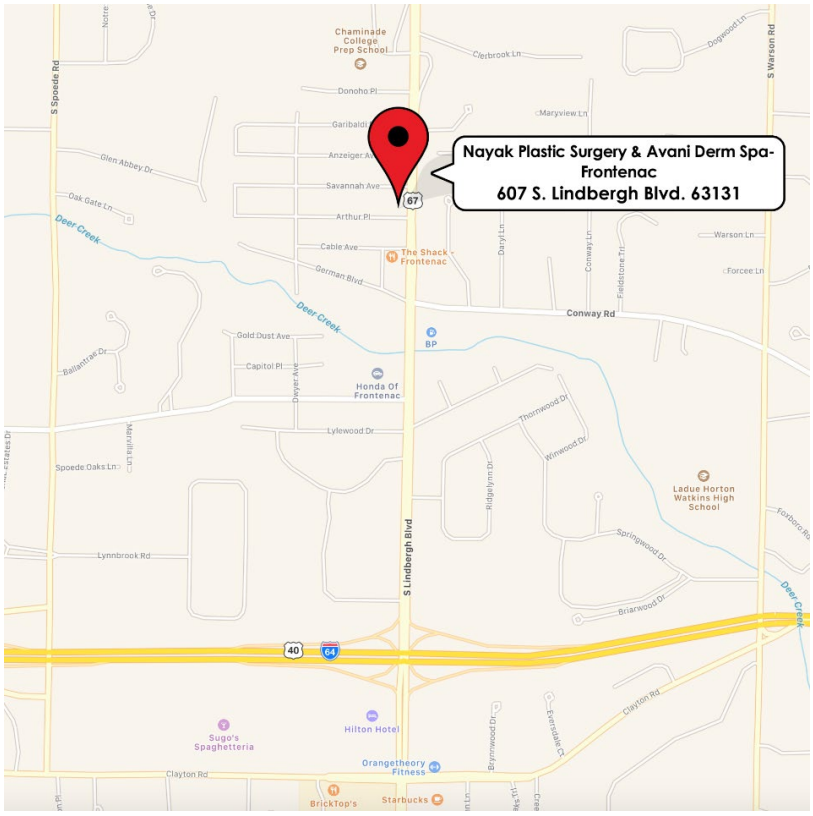
Signature: _____ Date: _____

We greatly appreciate your cooperation. Thank you.

Sincerely,

L. Mike Nayak, MD

Notes:

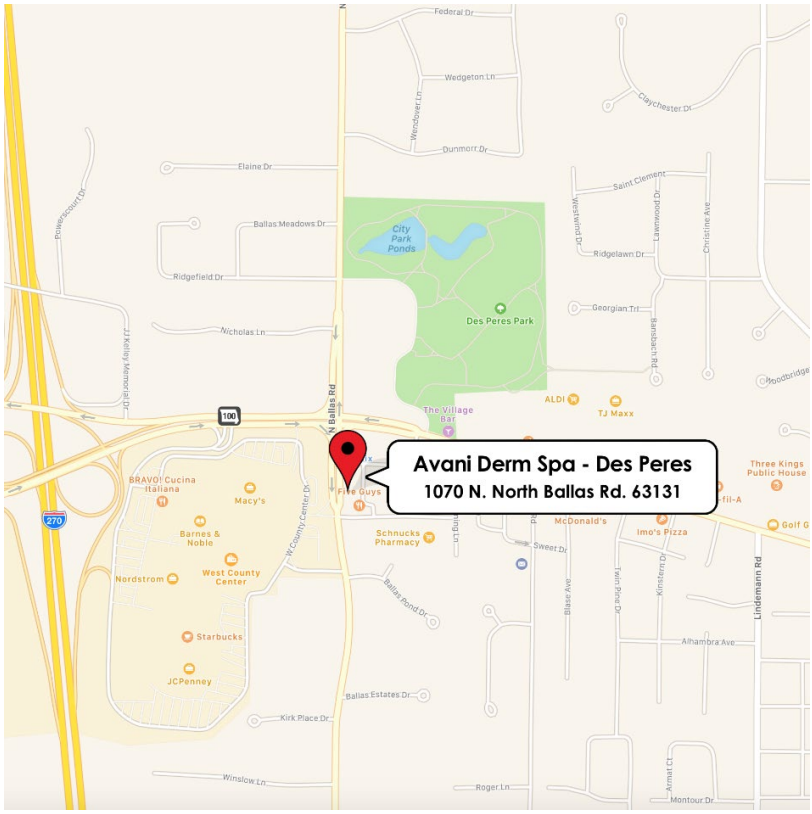


Nayak Plastic Surgery & Avani Derm Spa – Frontenac

607 S. Lindbergh Blvd.
Frontenac, MO 63131
(314) 991-5438

From Highway 40, take the Lindbergh Exit North. This exit is West of 170, but East of 270.

Driving North on Lindbergh, you will need to pass our building on the left due to the median. **Stay to the right.** Just passed our building, take the Chaminade U-Turn Ramp on the right to make a U-Turn onto Southbound Lindbergh. You will then turn right onto Arthur Pl. just passed Savannah Ave. and then an immediate right into our parking lot.



Avani Derm Spa – Des Peres

1070 N. Ballas Rd.
Des Peres, MO 63131
(314) 896-3376

Our Des Peres office is located at the intersection of Manchester Ave. and North Ballas Rd. just East of 270. It is in the same shopping plaza as Five Guys and Schnuck's, directly across the street from the West County mall. The parking lot is accessible from North Ballas Rd. and Manchester Ave.

Both of our offices are wheelchair accessible.

NOTICE OF PRIVACY PRACTICES

Nayak Plastic Surgery, PC

Effective Date: **July 1, 2006. Revised October 10, 2022**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AS WELL AS HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHO WILL FOLLOW THIS NOTICE

This Notice serves as Nayak Plastic Surgery, PC's practices and that of:

- All health care professionals, colleagues, volunteers, students, observers, and staff of Nayak Plastic Surgery, PC.
- Any business associates with whom we share health information.

OUR PLEDGE TO YOU

We understand that health information about you is personal and we are committed to protecting health information about you. We create a record of the care and services you receive at Nayak Plastic Surgery, PC to assure quality of care, billing, and to comply with legal requirements. This Notice applies to all of the records of your care generated by Nayak Plastic Surgery, PC. As required and when appropriate, we will ensure that only the minimum necessary information is released in the course of our duties.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations regarding the use and disclosure of medical information.

We are required by law to:

- Keep health information about you private;
- Give you this Notice of our legal duties and privacy practices with respect to health information about you;
- Follow the terms of the notice of privacy practices that are currently in effect.

CHANGES TO THIS NOTICE

We may change this Notice at any time. Changes will apply to health information we already hold, as well as new information, after the change occurs. Before we make a significant change to our privacy practices, we will change this Notice and post the new Notice in the front entrances of our location.

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

The following areas describe different categories of uses and disclosures of your health information that we may make without your written authorization. For each category of uses or disclosures we will provide an example of use, but have not listed every use or disclosure within that category. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment

Nayak Plastic Surgery, PC creates a record of treatment and services you receive. We may use your protected health information (PHI) to provide you with medical treatment or services. We may disclose your health information to your doctors, nurses, technicians/assistants or others involved in your health care to provide and manage your care.

For Payment

We may use and disclose your PHI in order to get paid for treatment and services we have provided you, as applicable.

For Health Care Operations

We may use and disclose your PHI to carry out necessary operations and ensure our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

Appointment Reminders

We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care at Nayak Plastic Surgery,

PC. We may send you emails if you list your email address to notify you of special offers.

Treatment Alternatives and Health-Related Products and Services
We may use and disclose your PHI to recommend possible treatment options or alternatives that may be of interest to you. Additionally, we may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities
We may use your PHI to contact you in an effort to raise money for Nayak Plastic Surgery, PC and its operations. If you do not want Nayak Plastic Surgery, PC to contact you for fundraising efforts, you must notify the *Practice Manager;607 S. Lindbergh Blvd, St Louis, MO, 63131* and state that you do not want to receive further fundraising communications.

Individuals Involved in Your Care or Payment for Your Care
We may disclose your PHI to a friend or family member who is involved in your medical care or payment related to your health care, provided that you agree to this disclosure, or we give you an opportunity to object to this disclosure. However, if you are not available or are unable to agree or object, we will use our judgment to decide whether this disclosure is in your best interests.

Disaster Relief Purposes
We may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. We will give you the opportunity to agree to this disclosure or object to this disclosure, unless we decide that we need to disclose your PHI in order to respond to the emergency circumstances.

As Required By Law
We will disclose your PHI when required to do so by federal, state or local law.

To Avert a Serious Threat to Health and Safety
We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would be to someone able to help prevent the threat.

Workers' Compensation
We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks
We may disclose medical information about you for public health activities, such as those aimed at preventing or controlling disease, preventing injury or disability, and reporting the abuse or neglect of children, elders and dependent adults.

Military and Veterans
If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Health Oversight Activities
We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes
If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

Law Enforcement
We may disclose PHI to government law enforcement agencies in response to a court order, warrant, subpoena, summons or similar process issued by a court.

Coroners, Medical Examiners and Funeral Directors
We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the facility to funeral directors as necessary to carry out their duties.

Specialized Government Functions
We may your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state to conduct special investigations.

Inmates
If you are an inmate of a correctional institution, you lose the rights outlined in this Notice. Furthermore, if you are an inmate or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Other Uses of Your Medical Information
Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by the authorization, except that, we are unable to take back any disclosures we have already made when the authorization was in effect, and we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING YOUR PHI
You have the following rights regarding your PHI in our records:

Right to Inspect and Copy
With certain exceptions, you have the right to inspect and copy your PHI from our records. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing. A form will be provided to you for this request. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain circumstances. If you are denied the right to inspect and copy your PHI in our records, you may request that the denial be reviewed. With the exception of a few circumstances that are not subject to review, another licensed health care professional within Nayak Plastic Surgery, PC, who was not involved in the denial, will review the request and decision to deny access. We will comply with the outcome of the review.

Right to Request Amendment
If you feel that your PHI in our records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the PHI. To request an amendment, you must submit your request in writing. A form will be provided to you for this request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend PHI that:

- Was not created by us, unless you can provide us with a reasonable basis to believe that the person or entity that created the PHI is no longer available to make the amendment;
- Is not part of the PHI kept by or for the facility;
- Is not part of the PHI which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a Statement of Disagreement, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you

want this form to be made part of your medical record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

Right to an Accounting of Disclosures
You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your PHI other than our own uses for treatment, payment and health care operations, (as those functions are described above) and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing. A form will be provided to you for this request. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12- month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions
You have the right to request that we follow additional, special restrictions when using or disclosing your PHI for treatment, payment or health care operations. You also have the right to request that we follow additional, special restrictions when using or disclosing your PHI to someone who is involved in your care or the payment for your health care, like a family member or friend. For example, you could ask that we not use or disclose that you are receiving services at Nayak Plastic Surgery, PC. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must submit your request in writing. A form will be provided to you for this request. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications
You have the right to request that we communicate with you about your appointments or other matters related to your treatment in a specific way or at a specific location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must submit your request in writing. A form will be provided to you for this request. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests
.

Right to a Paper Copy of This Notice
You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

To obtain a paper copy of this Notice, please contact a member of your health care team.

COMPLAINTS
If you believe your privacy rights have been violated, you may file a complaint with Nayak Plastic Surgery, PC or the Federal Government. All complaints must be submitted in writing. **You will not be penalized or retaliated against for filing a complaint.** To file a complaint with us, or if you have comments or questions regarding our privacy practices, contact:

Nayak Plastic Surgery, PC
Privacy Officer
607 S. Lindbergh
St. Louis, MO 63141
(314) 991-5438

To file a complaint with the Federal Government, contact:

Office of Civil Rights (Room 515 F)
US Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0805
(202) 619-0553