

BRYAN G. FORLEY, M.D., F.A.C.S.
A PROFESSIONAL CORPORATION
5 EAST 82ND STREET
NEW YORK, NEW YORK 10028
212-861-3757
FAX 212-861-5033
bgf@drforley.com

PLASTIC AND RECONSTRUCTIVE SURGERY

DIPLOMATE AMERICAN BOARD OF PLASTIC SURGERY

PATIENT ACKNOWLEDGEMENT OF DISCLOSURE INFORMATION

Bryan G. Forley, M.D., P.C. wants to assure that our patients receive adequate information about the person(s) responsible for the delivery of their care, treatment, and services.

I have received the following information:

The licensed independent practitioner responsible for the procedure including their licensure and relevant education, training, and experience in performing the planned procedure.

The licensed independent practitioner primarily responsible for my sedation and anesthesia including their licensure and relevant education, training, and experience in performing the planned procedure.

Any other practitioners that I have authorized to participate (perform procedures and treatment) in connection with my care (if applicable).

N/A or Individual Identified _____.

I have received this information in writing at the time of initial consultation, and before the performing of any surgical procedure or service (contained in the practice information sheets).

The licensed independent practitioner (Bryan G. Forley, M.D.) described in the disclosure information is the same licensed independent practitioner that will perform the procedure.

I understand that I have the right to be informed of any educational activities related to care and can refuse to participate in any such activity without that refusal compromising my usual care.

Privacy Practice and Patient Bill of Rights Acknowledgement: I have received the **Notice of Privacy Practices** and the **Patients' Bill of Rights** and I have been provided an opportunity to review them.

I have received information about patient safety and hygiene guidelines.

Patient Signature

Birth Date

Witness Signature

Date

NOTICE OF PRIVACY PRACTICES

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.

This notice takes effect on April 1, 2003 and remains in effect until we replace it.

1. OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2. OUR LEGAL DUTY

Law Requires Us to:

- Keep your medical records private.
- Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
- Follow the terms of the notice that is now in effect.

We Have the Right to:

- Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
- Make the changes in our privacy practices and the new terms or our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

- Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

FOR TREATMENT: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you.

FOR PAYMENT: We may use and disclose your medical information for payment purposes.

FOR HEALTH CARE OPERATIONS: We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses, and credentials we need to serve you.

ADDITIONAL USES AND DISCLOSURES: In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes.

NOTIFICATION: Medical information to notify or help notify: a family member, your personal representative or another person responsible for your care. We will share information about your location and/or general condition. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of an emergency and you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

RESEARCH IN LIMITED CIRCUMSTANCES: Medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

SPECIALIZED GOVERNMENT FUNCTION: Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

COURT ORDERS AND JUDICIAL AND ADMINISTRATIVE PROCEEDINGS: We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

PUBLIC HEALTH ACTIVITIES: As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE: We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

WORKERS COMPENSATION: We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

HEALTH OVERSIGHT ACTIVITIES: We may disclose health information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

LAW ENFORCEMENT: Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting crimes on our premises, and crimes in emergencies.

4. YOUR INDIVIDUAL RIGHTS

You Have a Right To:

- Look at or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by using the contact information listed at the heading of this notice. If you request copies, there may be a charge for each page and postage if you want the copies mailed to you. Contact us using the information listed at the heading of this notice for a full explanation of our fee structure.
- Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other special exceptions.
- Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
- Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to the contact person listed at the heading of this notice.
- Request that we change your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement or disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
- If you have received this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing to the Privacy Officer at your office.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

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PATIENTS' BILL OF RIGHTS

1. The patient has the right to high-quality care delivered in a safe, timely, efficient and cost-effective manner and the right to be assured that the expected results can be reasonably anticipated.
2. The patient has the right to dignity, respect and consideration of legitimate concerns.
3. The patient has the right to privacy and confidentiality.
4. Patients are involved in all aspects of care. Informed consent, following a discussion of risks, benefits and alternatives, should be obtained. The patient has the right to information about the current diagnosis, treatment and prognosis. If it is not advisable to give such information to the patient for health reasons, the information should be available to a person designated by the patient or a legally authorized person.
5. The patient has the right to be advised of all reasonable options/alternatives for care and treatment and the potential advantages/disadvantages of each. Included in this should be a discussion of the advantages/disadvantages and alternatives to having the procedure performed in the office.
6. The patient has the right to refuse any diagnostic procedure or treatment, and to be advised of the likely medical consequences of such refusal.
7. The patient has the right to education to address his or her needs. The educational process should consider the patient's values, abilities, readiness to learn and patient and family responsibilities in the care process.
8. The patient has the right to know who will be delivering the care and the qualifications of such individuals. In the case of student personnel (including residents/fellow), the patient has the right to know the extent to which the student personnel will be involved.
9. The patient has the right to change the practitioner if other qualified practitioners are available.
10. The patient has the right to inspect and obtain a copy of his or her medical records. In addition, the patient has the right to expect a reasonable and timely transfer of information from one practitioner to another when required. Charges for copies of medical records should not exceed the charges provided for by Section 17 of the Public Health Law.
11. The patient has the right to request and receive information concerning the bill for services regardless of the source of payment.
12. The patient has the right to request and receive information about alternate sources of appropriate care.
13. The patient has the right to know about the expectations of the office-based practice with regard to his or her behavior and the consequences of failure to comply with these expectations.

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ANESTHESIOLOGISTS

Dr. Forley uses intravenous sedation or “twilight” anesthesia exclusively for the cosmetic surgical procedures performed in the office operating room facility. One of the following anesthesiologists would be involved in any surgical procedure you might have that requires sedation. Dr. Forley has worked with each of them for more than fifteen years and trusts them to deliver safe and effective anesthesia care to you during your procedure.

MICHAEL LEVIN, M.D.

Dr. Michael Levin is licensed to practice medicine in the State of New York and is a diplomate of the American Board of Anesthesiology. He completed an accredited anesthesia-training program at Mount Sinai Medical Center and Montefiore Medical Center.

JOHN ROH, M.D.

Dr. John Roh is licensed to practice medicine in the State of New York and is a diplomate of the American Board of Anesthesiology. He completed an accredited anesthesia-training program at NYU Medical Center.

MADHAVARAO SUBBARAO, M.D.

Dr. Madhavarao Subbarao is licensed to practice medicine in the State of New York and is a diplomate of the American Board of Anesthesiology. He completed an accredited anesthesia-training program at New York Polyclinic Hospital.