

# *Advance Directives Information Sheet*

## ***What You Should Know About Advance Directives***

Everyone has the right to make personal decisions about health care. Doctors ask whether you will accept a treatment by discussing the risks and benefits and working with you to decide. But what if you can no longer make your own decisions? Anyone can wind up hurt or sick and unable to make decisions about medical treatments. An advance directive speaks for you if you are unable to and helps make sure your religious and personal beliefs will be respected. It is a useful legal document for an adult of any age to plan for future health care needs. While no one is required to have an advance directive, it is smart to think ahead and make a plan now. If you don't have an advance directive and later you can't speak for yourself, then usually your next of kin will make health care decisions for you. But even if you want your next of kin to make decisions for you, an advance directive can make things easier for your loved ones by helping to prevent misunderstandings or arguments about your care.



## ***What can you do in an advance directive?***

An advance directive allows you to decide who you want to make health care decisions for you if you are unable to do so yourself. You can also use it to say what kinds of treatments you do or do not want, especially the treatments often used in a medical emergency or near the end of a person's life.

**1. Health Care Agent.** Someone you name to make decisions about your health care is called a “health care agent” (sometimes also called a “durable power of attorney for health care,” but, unlike other powers of attorney, this is not about money). You can name a family member or someone else. This person has the authority to see that doctors and other health care providers give you the type of care you want, and that they do not give you treatment against your wishes. Pick someone you trust to make these kinds of serious decisions and talk to this person, to make sure he or she understands and is willing to accept this responsibility.

**2. Health Care Instructions.** You can let providers know what treatments you want to have or not to have. (Sometimes this is called a “living will,” but it has nothing to do with an ordinary will about property.) Examples of the types of treatment you might decide about are:

- a. Life support – such as breathing with a ventilator
- b. Efforts to revive a stopped heart or breathing (CPR)
- c. Feeding through tubes inserted into the body
- d. Medicine for pain relief

Ask your doctor for more information about these treatments. Think about how, if you become badly injured or seriously ill, treatments like these fit in with your goals, beliefs, and values.

### ***How do you prepare an advance directive?***

Begin by talking things over, if you want, with family members, close friends, your doctor, or a religious advisor. Many people go to a lawyer to have an advance directive prepared. You can also get sample forms yourself from many places, including the ones given as examples at the end of this information sheet. There is no one form that must be used. You can even make up your own advance directive document.

To make your advance directive valid, it must be signed by you in the presence of two witnesses, who will also sign. If you name a health care agent, make sure that person is not a witness.

Maryland law does not require the document to be notarized. You should give a copy of your advance directive to your doctor, who will keep it in your medical file, and to others you trust to have it available when needed. Copies are just as valid as the originals.

You can also make a valid advance directive by talking to your doctor in front of a witness.



***When would your advance directive take effect?***

Usually, your advance directive would take effect when your doctor certifies in writing that you are not capable of making a decision about your care. If your advance directive contains health care instructions, they will take effect depending on your medical condition at the time. If you name a health care agent, you should make clear in the advance directive when you want the agent to be able to make decisions for you.



***Can you change your advance directive?***

Yes, you can change or take back your advance directive at any time. The most recent one will count.

***Where can you get forms and more information about advance directives?***

There are many places to get forms, including medical, religious, aging assistance, and legal organizations. Three places are shown below, but these are just examples. Any of these forms are valid in Maryland, but not all may be in keeping with your beliefs and values. Your advance directive does not have to be on any particular form.

**Call The Maryland Attorney General's Office**

410-576-7000 or 1-888-734-0023.  
[www.oag.state.md.us/healthpol/adirective.pdf](http://www.oag.state.md.us/healthpol/adirective.pdf)

**Call Caring Connections (NHPCO)**

1-800-658-8898  
[www.caringinfo.org](http://www.caringinfo.org)

**Call Aging with Dignity**

1-800-594-7437  
[www.agingwithdignity.org](http://www.agingwithdignity.org)

Maryland Department of Health and Mental Hygiene  
Robert L. Ehrlich, Jr., Governor  
Michael S. Steele, Lt. Governor  
S. Anthony McCann, Secretary, DHMH

## **PATIENT RIGHTS IN MAKING HEALTH CARE DECISIONS**

1. Receive consideration and respect from the staff during every phase of your care.
2. Be treated with dignity and respect regarding your spiritual, cultural, and personal values and beliefs.
3. Have respect for your privacy and for the confidentiality of information about you and your medical condition.
4. Be involved in decisions affecting your health care and well-being.
5. Know the name of the physician responsible for directing and coordinating your care as well as the names of other facility caregivers.
6. Be informed about procedures and treatment and to refuse treatment as permitted by law.
7. Have questions answered about your condition and course of treatment.
8. Expect that health care professionals will accept and act upon your reports of pain and will provide education and resources relating to pain management.
9. Be informed of available facilities to which you may be transferred with your consent.
10. Have your requests handled courteously.
11. Be informed of available resources for resolving disputes, grievances, and conflicts.
12. Receive a written bill stating the facility's charges.

### **You have the responsibility to:**

1. Provide, to the best of your ability, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating your health. We ask that patients and their families report perceived risks in their care and unexpected changes in their condition. It is helpful for us to understand your environment by providing feedback about service needs and expectations.
2. Ask questions and request clear explanations of your care, treatments, and service in order to make informed decisions.
3. Follow the care, treatment, and service plan developed. Please express any concerns about your ability to follow the proposed care plan or course of care, treatment and services. The facility will make every effort to adapt the plan to your specific needs and limitations. When such adaptations to the care, treatment, and service plan are not recommended, you will be informed of the consequences of these alternatives and of not following the proposed course.
4. Be responsible for the outcomes if you do not follow the care, treatment, and service plan provided to you.
5. Provide a copy of your Advance Directives, if you have created such documents, to those responsible for your care while you are in the facility.
6. Know and follow office policies showing respect and consideration for other patients and the individuals providing your health care.
7. Meet the financial commitments made with Plastic Surgery Specialists as soon as possible if you believe that any of your rights have been or may be violated. You may do this at any time by calling the Administrator at 410-841-5355.

If you feel your rights have been violated in any way, please contact the Administrator immediately at 410-841-5355.



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Severna Park Market Center  
489 Ritchie Highway, Suite 202  
Severna Park, Maryland 21146

110 Hospital Road, Suite 212  
Prince Frederick, Maryland 20678

611-A Dutchman's Lane  
Easton, Maryland 21601

Plastic Surgery Specialists is a professional corporation owned by David H. Lowe, MD, Paul Buhner, MD, Daniel Laughlin, MD, and Christopher Spittler, MD.



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The American Society for  
Aesthetic Plastic Surgery, Inc.\*



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Plastic Surgeons, Inc.



# Plastic Surgery Specialists, P.C.

## HIPPA Notice of Privacy Practices

Dear Patient,

Our practice has always prided itself on our commitment to you as our patient in regards to the confidentiality of your medical record. We are now required by federal law to maintain documentation of our steps to safeguard the privacy of your personal medical information. The law requires that we distribute a copy of our Notice of Privacy Practices to each patient and retain your signature acknowledging that you received a copy of this Notice as part of your permanent record.

Our policies in dealing with your information have changed in order to comply with the current law. It is vital that you understand how these changes will affect the release of your medical information as our staff will be unable to respond to requests for any medical information from anyone not designated by you in writing.

***In order for information about you to be released to anyone including your spouse or friends involved in your care or treatment after surgery, we must have a signed authorization in your record letting us know what information you want disclosed and what information you want restricted. If you wish information to be released to your spouse, family or a particular friend you may request the authorization from the receptionist.***

Thank you for your patience with the additional paperwork necessary for our practice to comply with these federal regulations. We continue to be sensitive to the amount of paperwork is required to initiate your record with our office and sincerely apologize for any inconvenience that this increase may cause you.

Sincerely,

The Doctors and Staff  
Plastic Surgery Specialists, P.C.



## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PLASTIC SURGERY SPECIALISTS, P.C. MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Plastic Surgery Specialists, P.C. is required by law to maintain the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by Plastic Surgery Specialists, P.C. or received by Plastic Surgery Specialists, P.C. from other healthcare providers.

We are required to provide you with notice of our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice. Plastic Surgery Specialists, P.C. will abide by the terms of this Notice, or the Notice currently in effect at the time of the use or disclosure of your protected health information.

Plastic Surgery Specialists, P.C. reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information that we maintain. Patients will be provided a copy of any revised Notices upon request. An individual may obtain a copy of the current Notice from our office at any time.

### Uses and Disclosures of Your Protected Health Information not Requiring Your Consent

Plastic Surgery Specialists, P.C. may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment and healthcare operations. There are certain restrictions on uses and disclosure of treatment records, which include registration and all other records concerning individuals who are receiving, or who at any time have received services which include registration and all other records concerning individuals who are receiving, or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV test results.

#### Treatment may include:

- Providing, coordinating, or managing healthcare and related services by one or more healthcare providers;
- Consultations between healthcare providers concerning a patient;
- Referrals to other providers for treatment;
- Referrals to nursing homes, foster care homes, or home health agencies.

For example, Plastic Surgery Specialists, P.C. may determine that you require the services of a specialist. In referring you to another doctor, Plastic Surgery Specialists, P.C. may share or transfer your healthcare information to that doctor.

#### Payment activities may include:

- Activities undertaken by Plastic Surgery Specialists, P.C. to obtain reimbursement for services provided to you;
- Determining your eligibility for benefits or health insurance coverage;

- Managing claims and contacting your insurance company regarding payment;
- Collection activities to obtain payment for services provided to you;
- Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges;
- Obtaining pre-certification and pre-authorization of services to be provided to you.

For example, Plastic Surgery Specialists, P.C. will submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis, and the services provided to you.

Healthcare operations may include:

- Contacting healthcare providers and patients with information about treatment alternatives;
- Conducting quality assessment and improvement activities;
- Conducting outcomes evaluation and development of clinical guidelines;
- Protocol development, case management, or care coordination;
- Conducting or arranging for medical review, legal services, and auditing functions.

For example, Plastic Surgery Specialists, P.C. may use your diagnosis, treatment, and outcome information to measure the quality of the services that we provide, or assess the effectiveness of your treatment when compared to patients in similar situations.

Plastic Surgery Specialists, P.C. may contact you, by telephone or mail, to provide appointment reminders. You must notify us if you do not wish to receive appointment reminders.

We may not disclose your protected health information to family members or friends who may be involved with your treatment or care without your written permission. Health information may be released without written permission to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

There are additional situations when Plastic Surgery Specialists, P.C. is permitted or required to use or disclose your protected health information without your consent or authorization. Examples include the following:

- As permitted or required by law.  
In certain circumstances we may be required to report individual health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is reasonable cause to believe that the wound occurred as a result of a crime. Mental health records may be disclosed to law enforcement authorities for the purpose of reporting an apparent crime on our premises.
- For public health activities.  
We may release healthcare records, with the exception of treatment records, to certain government agencies or public health authority authorized by law, upon receipt of written request from that agency. We are required to report positive HIV test results to the state epidemiologist. We may also disclose HIV test results to other providers or person when there has been or will be risk of exposure.