

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your “protected health information”. “Protected health information” (PHI) is information about you, including demographic information that may identify you and that relates to your past, present or future physical condition and related health services. We are required by law to provide you with this notice of our legal duties and the privacy practices. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current notice at any time.

B. IF YOU HAVE QUESTIONS, PLEASE CONTACT: *Family Dermatology & Skincare Center Privacy Official*. PLEASE REVIEW THIS NOTICE CAREFULLY

C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN THE FOLLOWING WAYS.

- **Treatment.** *Family Dermatology & Skincare Center* may use or disclose your PHI to treat you. We may disclose your PHI to other health care providers for purposes related to your treatment. We may disclose to a family member, other relative, or a close personal friend of the individual, or any other person identified by the individual,” the medical information directly relevant to such person's involvement with the patient's care or payment related to the patient's care .If the patient is present, the health care provider may disclose medical information to such people if the patient does not object. If the patient is unable to agree or object to disclosure because of incapacity or an emergency circumstance, the covered entity may determine whether the disclosure is in the best interests of the patient. The professional judgment of the health care provider should inform any decision regarding disclosure of PHI to a family member or friend who is involved in the patient's care.
- **Payment.** *Family Dermatology & Skincare Center* may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. We may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
- **Health Care Operations.** *Family Dermatology & Skincare Center* may use and disclose your PHI in connection with our healthcare operations. We may use and disclose your PHI to contact you and remind you of an appointment. We may use and disclose your PHI to inform you of potential treatment options, services that may be of interest to you, to conduct training programs, accreditations, certification or licensing activities.

Family Dermatology & Skincare Center will use and disclose your PHI when we are required to do so by federal, state or local law. You may give us written permission to authorize or disclose your PHI to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect.

D. USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

- **Public Health, Abuse or Neglect, and Health Oversight:** We may disclose your PHI for public health activities as permitted by law. We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition. We may disclose your PHI to protective services or other governmental agencies that are authorized by law to receive these reports. We may disclose PHI to a health oversight agency for activities authorized by law.
- **Law Enforcement:** We may disclose your PHI so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to witnesses, defendants, or victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the premises) and it is likely that a crime has occurred.

Effective Date of this Notice: 2/1/09

- **Military and Threats to Health or Safety:** We may use and disclose your PHI to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- **Workers' Compensation:** Our practice may release your PHI for workers' compensation and similar programs.
- **Food and Drug Administration:** We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects or problems to enable recalls, repairs or replacements.

E. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

- **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Family Dermatology & Skincare Center's Privacy Official. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.
- **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI regarding treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your protected healthcare information, you must make your request in writing to *Family Dermatology & Skincare Center's* Privacy Official. Your request must describe: (a) the information you wish restricted; (b) if you are requesting to limit our practice's use, disclosure or both; and (c) to whom you want the limits to apply to.
- **Inspection and Copies.** You have the right to inspect and obtain a copy of your PHI that may be used to make decisions about your care. You must submit your request in writing to *Family Dermatology & Skincare Center's* Privacy Official in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial and another licensed health care professional chosen by us will conduct the review.
- **Amendment.** You may ask us to amend your PHI if you believe it is incorrect or incomplete. Your request must be made in writing and submitted to *Family Dermatology & Skincare Center's* Privacy Official. You must provide us with a reason that supports your request for an amendment. Our practice will respond within 60 days of your written request. We may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice.
- **Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures," which is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment, non-payment or non-operations purposes. In order to obtain an accounting of disclosures, you must submit your request in writing to *Family Dermatology & Skincare Center's* Privacy Official. Our practice will notify you of the costs involved with your request. (the first accounting of disclosures within a 12 month period will be free)
- **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our Notice of Privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact *Family Dermatology & Skincare Center's* Privacy Official.
- **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact *Family Dermatology & Skincare Center's* Privacy Official. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note that we are required to retain records of your care.

If you have any questions regarding this notice or our health information privacy policies, please contact *Family Dermatology & Skincare Center's* Privacy Official.