

## **DERMATOLOGY AND SKIN SURGERY NOTICE OF PRIVACY PRACTICES**

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, 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. .

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information (PHI) that we maintain at that time.

### **1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information (PHI) may also be used and disclosed to pay your health care bills and to support the operation of your physician's practice.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information (PHI) may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your protected health information (PHI) will be used and disclosed, as needed, to obtain payment for your health care services provided by us. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we have provided or recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a certain prescription may require that your relevant protected health information be disclosed to the health plan to obtain approval for the prior authorization.

We will share your protected health information (PHI) with third party "business associates" that perform various activities (for example, billing) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information (PHI), we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. We may use a sign-in-sheet at the registration desk where you will be asked to sign your name. We may also call your name in the waiting room when the physician is ready to see you. We may use or disclose your health information, as necessary, to contact you to remind you of your appointment.

**Required By Law:** We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public health issues as required by law, Communicable diseases: Health Oversight Abuse or neglect: Food and Drug Administration requirements: Legal Proceedings: Subpoena, Law Enforcement: Coroners, Funeral directors, and Organ Donation: victims of a crime, in the event that a crime occurs on the premises of our practice, Research: Criminal Activity: Military

Activity and National Security: Workman's Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

**Other Permitted and Required Uses and Disclosures Will Be Made Only with Your Consent, Authorization or opportunity to object unless required by law.**

### **Uses and Disclosures of Protected Health Information (PHI) Based upon Your Written Authorization**

Other uses and disclosures of your protected health information (PHI) will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

## **2. YOUR RIGHTS**

You may request restrictions on certain uses and disclosures in writing. You have the right to request an accounting of disclosures of your protected health information (PHI) from this office.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information (PHI) about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

## **3. COMPLAINTS**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. **We will not retaliate against you for filing a complaint.**

You may contact us at (469)587-7546 for further information about the complaint process.

**This notice was published and becomes effective on July 2, 2009.**