

## The Center for Dermatology, P.C.

### Notice of Privacy Practices

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 and the 2013 HIPAA Omnibus Rule.

**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.**

How we may use and disclose medical information about you: The following categories describe the different ways in which we may use and disclose medical information. For each category of use or disclosures, we will elaborate on the meaning and provide more specific examples, if you request. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

**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 personnel who are involved in taking care of you at the practice or at the hospital. For example, we may disclose medical information about you to people outside the practice who may be involved in your medical care, such as family members, clergy or other persons that are part of your care.

**Payment:** We may use and disclose medical information about you so that the treatment and services you receive at the practice may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may disclose your record to an insurance company so that we can get paid for treating you.

**Health Care Operations:** We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the practice and ensure that all of our patients receive quality care. We may also disclose information to doctors, nurses, technicians, medical students and other practice personnel for review and learning purposes. For example, we may review your record to assist in our quality improvement efforts.

**Minimum Necessary:** We will make reasonable efforts to use, disclose or request the minimum necessary PHI to accomplish the intended purpose of the use, disclosure or request.

Who will follow this notice: This notice describes our practice's policies and procedures and that of any health care professional authorized to enter information into your medical chart, any member of a volunteer group which we allow to help you, as well as employees, staff and other practice personnel.

Policy regarding the protection of personal information: We create a record of the care and services you receive at the practice. We need this record in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the practice, whether made by the practice personnel or by your personal doctor. The law requires us to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and to follow the terms of the notice that is currently in effect. Other ways we may use or disclose your protected healthcare information include: appointment reminders; as required by law; for health-related benefits and services; to individuals involved in your care or payment for your care; research; to avert a serious threat to health or safety; and for treatment alternatives. Other uses and disclosures of your personal information could include disclosure to, or for: coroners, medical examiners and funeral directors; health oversight activities; inmates; law enforcement; lawsuits and disputes; military and veterans; national security and intelligence activities; organ and tissue donation; protective services for the President and others; public health risks; and worker's compensation.

## **Notice of Individual Rights**

You have the following rights regarding the IHI that we maintain about you.

**Right to an accounting of disclosures.** You have the right to request and “accounting of disclosures:.. This is a list of non-routine disclosures we made of medical information about you. To request this list, you must submit this request in writing to the Privacy Officer.

**Right to amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by, or for, the practice. To request and amendment, your request must be made in writing and submitted to the Privacy Officer and you must provide a reason that supports your request. We may deny your request for an amendment.

**Right to inspect and copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. We may deny your request to inspect and copy in certain very limited circumstances.

**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.

**Right to request confidential communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You must make your request in writing and you must specify how and where you wish to be contacted.

**Right to request restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment or your care, like a family member or friend. **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 emergency treatment. To request restrictions, you must make this request in writing to the Privacy Officer.

**Changes to this notice.** We reserve the right to change this notice. We will post a copy of the current notice in the practice’s waiting room.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact Mrs. Chris Fillingim, Privacy Officer, 251-343-9100. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**Other uses of medical information.** Other uses and disclosures of medical information not covered by this notice or the laws that apply to use will be made only with your written authorization. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time.

If you have questions about this notice or would like to receive a more detailed explanation, please contact our Privacy Officer..