

Other patient rights:

- ▲ After April 14, 2003, you have a right to receive an accounting of disclosures made which were released for *other than* treatment, payment, health care operation, for certain government functions, to you, or based on your authorization. To request an accounting you must submit a written request, on a form we furnish. You must specify the time period, which may not be longer than six years.
- ▲ It is our policy to contact you at the telephone number you provide to confirm and/or rearrange an appointment, and discuss your treatment and/or lab results. We may leave a message on your answering machine requesting that you contact us. In certain instances, we may communicate with family members or care givers concerning your medical care or treatment.

You may request communication of your health information by alternative means. For example, you may request that we contact you about health matters only in writing or at a different phone number. To request confidential communication of your health information, you must submit a written request which must state how or when you would like to be contacted. We will accommodate all reasonable requests.



We reserve the right to change this Notice.

We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future.

Any revised Notice will be posted in our waiting room. Upon request we will provide you a copy of a revised Notice.

Appointment reminders may be sent via text or email.



HIPAA
Notice of Privacy Practices

Notice of Privacy Practices

Effective Date: April 14, 2003

This notice informs you how your medical information may be used by our office. Please carefully review this notice.

We at Dermatology Associates, P.A. realize that information about you and your health is personal. As a provider of health care, Health Insurance Portability and Accountability Act of 1996 - HIPAA law further requires that we:

- protect the privacy of your health information;
- observe the terms of this Notice and any future Notice; and
- furnish you a copy of this Notice.

When we may not use or disclose your health information

Except as described in this Notice, we will not use or disclose your health information without your written authorization

How Dermatology Associates, P.A. may use or disclose your health information

Dermatology Associates, P.A. will protect the privacy of your health information. For some purposes, we must have your written authorization to use or disclose your health information. However, law permits us to use or disclose your health information in certain instances without your authorization.

Examples of permitted disclosures are:

For Treatment. We will use your personal health information to treat you or disclose your health information to other persons who are involved in your care.

For Payment. We may use or disclose health information to submit a claim to or receive payment from your insurance company or third party.

For Health Care Operations. We may use or disclose health information about you for the purposes of operations.

As Required by Law. We will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and/or disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Public Health Risks. We may disclose your health information for public health activities which generally include:

- disease prevention or control;
- reporting medication reactions;
- to notify patients of product recalls;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we strongly believe a person has been the victim of abuse, neglect, or domestic violence;
- We may disclose health information to a health agency for activities authorized by law. These oversight activities, which monitor the health care system, include cancer registry audits, investigations, inspections, and licensure;
- We may disclose your health information in response to an administrative or court order if you are involved in a lawsuit or dispute.



You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to a restriction that you request. If we do agree, we will put the agreement in writing and abide it, except in emergency situations. We cannot agree to limit the uses or disclosures of information that are required by law.

You have the right to inspect or have a copy of your health information. You must submit a written request to us. Request forms are available through our medical records department. We may charge a fee for the costs of copying, mailing or other supplies that are necessary to grant your request.

You have the right to request that we amend health information that you may consider incorrect or incomplete. You must submit a written request for an amendment. The request for an amendment form is available through our medical records department.

We are not required to amend health information that is accurate and complete. We will provide you with information about the procedure for addressing any disagreement with a denial to amend.