



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

Notice of Privacy Practices

This notice describes how information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your protected health information, hereto referred to as PHI. Please review this notice carefully.

I. OUR COMMITMENT TO YOUR PRIVACY

We understand that medical information pertaining to you and your health is personal. We are committed to protecting your medical 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 requirement.

We are required by law to maintain the privacy of your PHI and to provide you the notice of our legal duties and our privacy practices with respect to PHI. This notice applies to all of the records of your care generated by Dermatology Specialists of Augusta, hereto referred to as “the Practice,” whether made by Practice personnel or by your personal doctor. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that we may create or maintain in the future. We will post and you may request a written copy of the revised Notice of Privacy Practice from our office.

If you feel that your protections have been violated by our office you have the right to file a formal, written complaint with our office and with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

II. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

1. Treatment. Our practice may use medical information about you to provide treatment or services to you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents.

2. Payment. Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. You may restrict the disclosure of your PHI to a health plan if the disclosure is for payment or healthcare operations and pertains to a healthcare item or service for which you have paid out of pocket in full.

3. Health Care Operations. Our practice may use and disclose your PHI to operate our business. These uses and disclosures are necessary to run our practice and ensure that all of our patients receive quality care. For example, we may use and disclose your information to evaluate our practice and conduct quality assessments and improvement activities, auditing functions, cost management analysis, and customer service.

III. OTHER CATEGORIES OF INFORMATION THAT WE MAY USE OR DISCLOSE

1. Appointment Reminders. Our practice may use and disclose your PHI to contact you by phone, email, or in writing to provide appointment reminders.



2. As Required By Law. Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

3. Health-Related Benefits and Services. We may contact you by phone or in writing to provide you with information about potential treatment options or alternatives or other health-related benefits and services in addition to other fundraising communications that may be of interest to you. You do have the right to “opt out” with respect to receiving these types of communication from us.

4. Release of Information to Family/Friends Involved in your Care. Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the doctor’s appointment. In this example, the babysitter may have access to this child’s medical information.

5. Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received another treatment for the same condition. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may however disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave the practice. We will almost always ask for your specific permission if the researcher obtains access to your name, address or other information that reveals who you are, or will be involved in your care at the practice.

6. To Avert Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to the health and safety of you or the public.

IV. OTHER LESS FREQUENT USES AND DISCLOSURES INVOLVING THOSE NOT DIRECTLY INVOLVED IN YOUR CARE

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Deceased Patients. Our practice may release medical information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

2. Health Oversight Activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

3. Inmates. Our practice may release medical information about you to a correctional institution or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

4. Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or a similar process
- To identify/locate a suspect, material witness, fugitive or missing person
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at the Practice
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Lawsuits and Disputes. Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

6. Military or Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.



7. National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

8. Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

9. Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, and foreign heads of state or conduct special investigations.

10. Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following, but are not limited to:

- Preventing or controlling disease, injury or disability
- Reporting child abuse or neglect
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- Notifying appropriate government authority if we believe a patient has been a victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- Maintaining vital records, such as births and deaths
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

11. Workers' Compensation. Our practice may release your PHI for workers' compensation and similar programs.

V. USES AND DISCLOSURES REQUIRING WRITTEN AUTHORIZATION

- Most uses and disclosures of psychotherapy notes
- Uses and disclosure of your PHI for marketing purposes, including subsidized treatment and healthcare operations
- Disclosures that constitute a sale of PHI under HIPAA
- Other uses and disclosures not described in this notice

You may revoke authorization in writing and we are required to honor and abide by that written request except to the extent that we have already taken actions relying on your authorization.

VI. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

1. 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 the address listed at the bottom of this Notice specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for 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 or the payment for your care, such as family members and friends. **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 PHI, you must make your request in writing to the address listed at the bottom of this Notice. Your request must describe in a clear and concise fashion:

- (a.) the information you wish restricted;
- (b.) whether you are requesting to limit our practice's use, disclosure or both; and
- (c.) to whom you want the limits to apply.



3. Inspection and Copies. You have the right to inspect and obtain a copy of the IIIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the address listed at the bottom of this Notice in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with 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. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the address listed at the bottom of this request. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, 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, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing the address listed at the bottom of this Notice. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to be advised if your PHI is intentionally or unintentionally disclosed.

7. 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 the Privacy Officer at the address listed at the bottom of this Notice.

8. 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, please contact our Privacy Officer at the address listed below. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

9. 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, we are required to retain records of your care.

10. Right to restrict disclosure to a health plan. If you have paid for services "out of pocket", in full, and you request in writing that we do not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

If you have any questions regarding this notice or our health information privacy policies, please contact:

**Dermatology Specialists of Augusta
ATTN: Privacy Officer
1203 Town Park Lane
Evans, GA 30809**

©2013/10 Dermatology Specialists of Augusta

1203 Town Park Lane Evans, GA 30809 ♦ (Ph) 706 650-SKIN (7546) ♦ (Fax) 706 922-9168

