

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Effective Date: August 30, 2013

PLEASE REVIEW IT CAREFULLY

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records for each of the following purposes:

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- Health Care Operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

There are situations when we are permitted or required to disclose health information without your signed authorization. Some of those situations include:

- For public health purposes
- To protect victims of abuse, neglect, or domestic violence
- For health oversight activities such as investigations, audits, and inspections
- For law enforcement purposes
- For lawsuits and similar proceedings

- When otherwise required by law
- When requested by law enforcement as required by law or court order
- To coroners, medical examiners, and funeral directors
- For organ and tissue donation
- For research under strict federal guidelines
- To reduce or prevent a serious threat to public health and safety
- For workers' compensation or other similar programs if you are injured at work
- For accreditation purposes
- For specialized government functions such as intelligence and national security

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such 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.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are; however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it
- The right to request that we restrict the disclosure of certain health information to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid out of pocket in full
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations
- The right to inspect and copy your protected health information
- The right to amend your protected health information
- The right to receive an accounting of disclosures of protected health information
- The right to obtain and we have the obligation to provide to you a paper copy of this notice from us at your first service delivery date

- The right to provide and we are obligated to receive a written acknowledgement that you have received a copy of our Notice of Privacy Practices
- The right to receive a privacy breach notice through written notification if the practice discovers a breach of your unsecured PHI and determines through a risk assessment that notification is required
- The right to request an electronic copy of your protected health information

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post revisions in our premises.

Please contact us for more information:

Privacy Officer Dermatology Associates of Tallahassee
1707 Riggins Road Tallahassee, FL32308 (850) 877-4134

For more information about HIPAA or to file a complaint:

The U.S. Department of Health and Human Services Office of Civil Rights
200 Independence Avenue, S.W Washington D.C. 20201
(202) 619-0257 or Toll Free: (877) 696-6775