

NOTICE OF PRIVACY PRACTICES

Effective Date: 2/13/2013

We are committed to protecting the confidentiality of your medical information, and are required by law to do so. This notice describes how we may use your medical information with Precision Dermatology and how we may disclose it to others. This notice also describes some of the rights you have regarding your own medical information. **Please review it carefully.** If you have any questions about this notice, please contact the Precision Dermatology Privacy Officer at (623) 875-2600, 13640 N. 99th Ave, Suite 300, Sun City, AZ 85351. This notice applies to the information and records we have about you, your health status, and the health care and services you receive at this office.

WHICH HEALTHCARE PROVIDERS ARE COVERED BY THIS NOTICE?

This notice of Privacy Practices applies to Precision Dermatology and its personnel. This notice also applies to the medical staff of Precision Dermatology which is composed of physician, nurse, medical assistants and office personnel.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Treatment: We may use health information about you to provide medical treatment or services. We may disclose your health information to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

Payment: We may use and disclose your health information so that the treatment and services you receive at this office may be billed to, and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

Health Care Operations: We may use and disclose your health information in order to run the office and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

This will serve as notice that Precision Dermatology reserves the right to disclose protected health information to any local, state, or federal health or law enforcement agency at any time without obtaining consent, if our professional judgment deems it necessary.

Appointment Reminders: We may contact you as a reminder that you have an appointment for treatment or medical care at our office. Please notify us if you **do not** wish to be contacted for appointment reminders. If you advise us in writing (at the address listed at the bottom of this Notice) that you **do not** wish to receive such communications, we will not use or disclose your information for these purposes.

To Avert a Serious Threat to Health or Safety: We may use and 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.

Required By Law: We will disclose your health information when required to do so by federal, state or local law.

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For Research: We may use and disclose your health information for research projects that are subject to a special approval process. We will ask for your permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the office.

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

Military, Veterans, National Security and Intelligence: If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release your health information. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release your health information for workers' compensation or similar programs. These programs provide benefits for work-related injury or illness.

Public Health Risks: We may disclose your health information for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Health Oversight Activities: We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose your health information in response to a subpoena.

Law Enforcement: We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors: We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Information Not Personally Identifiable: We may use or disclose your health information in a way that does not personally identify or reveal who you are.

Family and Friends: We may disclose your health information to your family or friends if we can infer from the circumstances, based on our professional judgment, that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency) we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies or x-rays.

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With the exception of the patient's Primary Care Physician or referring doctor, we will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific written *Authorization*. We must obtain your *Authorization* separate from any *Consent* we may have obtained from you. If you give us *Authorization* to use or disclose your health information, you make revoke that *Authorization*, in writing, at any time. If you revoke your *Authorization*, we will no longer use or disclose your information for the reasons covered by your written *Authorization*, but we **cannot** take back any uses or disclosures already made with your permission.

Information with Additional Protection: Certain types of medical information have additional protection under state and/or federal law. Information about communicable diseases, HIV/AIDS, drug and alcohol abuse/treatment, genetic testing, and/or evaluation for a serious mental illness are treated differently than other types of medical information. For those types of information, Precision Dermatology is required to get your permission before disclosing that information.

OTHER USES AND DISCLOSURES

You may revoke your *Consent* at any time by giving us **written** notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures which occurred before that time.

If you do revoke your *Consent*, we will not be permitted to use or disclose information for the purposes of treatment, payment, or health care operations and we may therefore choose to discontinue providing you with health care treatment and services.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Inspect and Copy: You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a **written** request to Precision Dermatology Privacy Officer in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend: If you believe your health information is incorrect or complete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment, complete and submit a *Medical Record Amendment/Correction Form* to the Precision Dermatology Privacy Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- 1) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- 2) Is not part of the health information that we keep.
- 3) You would not be permitted to inspect and copy.
- 4) Is accurate and complete.

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Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your medical information for purposes other than treatment, payment and health care operations. To obtain this list you must submit your request in *writing* to the Precision Dermatology Privacy Officer. It must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper or electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. 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 you emergency treatment. To request restrictions, you may complete and submit the *Request for Restriction on Use/Disclosure of Medical Information* form to the Privacy Officer.

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. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the *Request for Restriction on Use/Disclosure of Medical Information and/or Confidential Communication* to the Precision Dermatology Privacy Officer. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice: You may obtain a paper copy of this notice from the Precision Dermatology Front Office.

DESTRUCTION OF MEDICAL/PERSONAL INFORMATION

Destruction of any medical or personal information is provided to our office by Shred-It Document Management. The information is kept in a locked container and destroyed on-site. We are then provided a Certificate of Destruction. Shred-It can be reached at (602) 264-0400 if you have any questions.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or change notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a summary of the most current notice in the office with its effective date. You can also get a copy of our most current notice at any time from the Precision Dermatology Front Office.

DO YOU HAVE QUESTIONS?

If you have any questions about this notice, or have further questions about how Precision Dermatology may use and disclose your medical information, please contact the Precision Dermatology Privacy Officer at (623) 875-2600.

Signature: _____ Date: _____

Printed Name: _____