

## **AMARILLO DERMATOLOGY NOTICE OF PRIVACY PRACTICES**

NPP Effective date: 9/1/2013

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY  
BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS  
INFORMATION. PLEASE READ IT CAREFULLY**

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a Federal program that requests 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, the right to understand and control how your protected health information (“PHI”) is used. HIPAA provides penalties for covered entities that misuse PHI.

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

We may and we will routinely use and disclose your PHI only for each of the following purposes: treatment, payment and health care operation.

- Treatment means providing, coordinating, or managing health care and related services by one or more healthcare providers. An example of this is a primary care doctor referring you to a specialist doctor and their need to share information between the physicians caring for you.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. Examples of this would include filing your health insurance claim for your visit, providing records to the insurance company in order to evaluate and process a claim, or verifying insurance coverage prior to a procedure.
- Health Care Operations include business aspects of running our practice, such as conduction quality assessments and improving activities, auditing functions, cost management analysis, and customer service. Examples of this would be new patient survey cards or routine insurance claim audits and chart review.
- The practice may also be required or permitted to disclose your PHI for law enforcement and other legitimate reasons. In all situations, we shall do our best to assure its continued confidentiality to the extent possible.

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

We may contact you, by phone or in writing, to provide appointment reminders or information about treatment, treatment alternatives or other health-related benefits or services, in addition to other communications that may be in your best interest or at least of some interest to you.

You must always be aware that those individuals that you choose to accompany you into the exam room will be privy to your current and past medical history, physical exam findings and diagnoses and treatment. You have given your consent for these individuals to have access to your protected health information by their presence in the exam room.

The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:

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

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 prior authorization.

You may have the following rights to your PHI:

- The right to request restrictions on certain uses and disclosures of PHI, 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 honor a request restriction except in limited circumstances which we shall explain if you ask. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of PHI by alternative means or at alternative locations.
- The right to inspect and obtain a copy of your PHI.
- The right to amend your PHI under some circumstances.
- The right to receive an accounting of disclosures of your PHI.
- The right to obtain a paper copy of this Notice upon request.
- The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed.

If you have paid for health services “out of pocket”, in full and in advance, and you request that we not disclose PHI related solely to those services to a health insurance plan, we will accommodate your request, except where we are required by law to make a disclosure.

We are required by law to maintain privacy of your PHI and to provide you the Notice of our legal duties and our privacy practices with respect to PHI.

This notice is effective as of September 1, 2013 and it is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provision effective for all PHI that we maintain. We will post a copy in the office and you may request a written copy of the revised Notice of Privacy Practices from our office. The current Notice in practice will display its effective date in the top right corner of the first page.

You have recourse if you feel that your protections of PHI have been violated by our office. You have the right to file a formal, written complaint with the practice and with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint. All complaints must be in writing.

Feel free to contact in writing the practice Compliance Officer (Edward McCarthy 4512 Van Winkle Drive Amarillo, TX 79119 806 358-1497) for questions regarding our privacy policies.