



## Notice of Privacy Practice

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We are required by law to provide you with this notice that explains our privacy practices with regard to your medical information and how we may use and disclose your protected health information for treatment, payment, and for care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your health information, and we also describe them in the notice.

### **Ways in which we may disclose your protected health information:**

The following paragraphs describe different ways that we use and disclose your protected health information. We have provided an example for each category, but these examples are not meant to be exhaustive. We assure you that all of the ways we are permitted to use and disclose your health information fall within one of these categories.

#### **Treatment**

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We will also disclose your health information to other physicians who may be treating you. Additionally, we may from time to time disclose your health information to another physician who we have requested to be involved in your care. For example – we would disclose your health information to a specialist to whom we have referred you for a diagnosis to help in your treatment.

#### **Payment**

We will use and disclose your protected health information to obtain payment for the health care services we provide you. For example – we may include information with a bill to a third-party payer that identifies you, your diagnosis, procedures performed, and suppliers used in rendering the service.

#### **Health Care Operations**

We will use and disclose your protected health information to support the business activities of our practice. For example – we may use medical information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. In addition, we may disclose your health information to third party business associates who perform billing, consulting, or transcription services for our practice.

### **Other ways we may use and disclose your protected health information:**

#### **Appointment Reminders**

We may contact you by phone, or in writing, to provide appointment reminders about scheduled appointments or treatment.

### **Treatment Alternatives or other Health - Related Benefits or Services**

We may use and disclose your protected health information to tell you about recommend possible alternative treatments or options that may be of interest to you. You do have the right to "opt out" with respect to receiving fundraising communications from us.



**Others Involved in Your Care**

We may use and disclose your protected health information to a family member, a relative, a close friend, or any other person you identify that is involved in your medical care of payment or care.

**Research**

We may use and disclose your protected health information to researchers provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. We may also create de-identified health information by removing all reference to individually identifiable information.

**As required by law**

We will use and disclose your protected health information when required by federal, state, or local law. You will be notified of any such disclosures.

**To Avert a Serious Threat to Public Health or Safety**

We will use and disclose your protected health information to a public health authority that is permitted to collect or receive the information for the purpose of controlling disease, injury, or disability. If directed by that health authority, we will also disclose your health information to a foreign government agency that is collaborating with the public health authority.

**Worker's Compensation**

We will use and disclose your protected health information for worker's compensation or similar programs that provide benefits for work related injuries or illness.

**Inmates**

We will use and disclose your protected health information to a correctional institution or law enforcement official if you are an inmate of that correctional institution or under the custody of the law enforcement official. This information would be necessary for the institution to provide you with health care; to protect the health and safety of others; or for the safety and security of the correctional institution.

**Disclosures the Require and Authorization**

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

- Most uses of psychotherapy notes.
- Uses and disclosure of your PHI 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 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 authorizations.

**Your Health Information Rights**

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:



#### **A Paper Copy of This Notice**

You have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking our receptionist at your next visit or by calling and asking us to mail you a copy.

#### **Inspect and Copy**

You have the right to inspect and copy your protected health information that we maintain about you in our designated record set for as long as we maintain that information. This designated record set includes your medical and billing records, as well as may other records we use for making decisions about you. Any psychotherapy notes that may have been included in records we received about you are not available for your inspection or copying by law. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request.

If you wish to inspect or copy your medical information, you must submit your request in writing to our Practice Manager at **Dean Dermatology, 4615 Parliament Drive Suite 204 Alexandria, La 71303**. You may mail in your request or bring it to our office. We will have 30 days to respond to your request for information that we maintain at our practice site. If the information is stored off-site, we are allowed up to 60 days to respond but must inform you of this delay.

#### **Request Amendment**

You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to our practice manager, stating exactly what information is incomplete or inaccurate and you're reasoning that supports your request.

We are permitted to deny your request if it is nor in writing or does not include a reason to support you request. We may also deny your request if:

- The information was not created by us, or the person who created it is no longer available to make the amendment.
- The information is not part of the record which you are permitted to inspect and copy.
- The information is not part of the designated record set kept by this practice; or if it is the opinion of the health care provider that the information is accurate and complete.

#### **Request Restrictions**

You have the right to request a restriction or limitation on how we use or disclose your medical information for treatment, payment, or health care operations. For example – you could request that we not disclose information about a prior treatment to a family member or friend who may be involved in your car or payment for care. Your request must be made in writing to our practice manager. Additionally, if you have paid for services "out of pocket" in full, and you request that we not close PHI related solely to those services to a health plan, we will accommodate your request, expect where we are required by law to make a disclosure.

We are not required to agree to your request if we feel it is in your best interest to use or disclose that information. However, if we do agree, we will comply with your request unless that information is needed for emergency treatment.

#### **An Accounting of Disclosures**

You have the right to request a list of the disclosures of your health information we have made outside of our practice that were not for treatment, payment, or health care operations. Your request must be made in writing and must state the time period for the requested information. You may not request information for



any dates prior to April 14, 2003. (The compliance date for the federal regulation) nor for a period of time greater than six years (our legal obligation to retain information)

Your first request for a list of disclosures within a 12-month period will be free. If you request an additional list within 12-months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

#### **Request Confidential Communications**

You have the right to request how we communicate with you to preserve your privacy. For example, you may request that we call you only at your work number, or by mail at a special address or postal box. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

#### **File a Complaint**

If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our practice manager or directly to the department of Health and Human Services, Office of Civil Rights. To file a complaint with our manager, you must make it in writing within 180 days of the suspected violation. Provide as much detail as you can about the suspected violation and send it attention to Privacy Officer, **Dean Derm, 4615 Parliament Drive Alexandria, LA 71303**. You should know that there would be no retaliation for your filing a complaint.

#### **Uses or Disclosures Not Covered**

Uses or disclosures of your health information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

#### **For More Information**

If you have any questions or would like additional information, you may contact our Practice Manager at (318) 722-7109.

**Effective Date: August 29, 2017**