

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. 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 health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information and we describe them in this notice.

Ways in Which We May Use and 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 may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We may 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 collaboration in your care.

Payment: We may 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 supplies used in rendering the service.

Health Care Operations: We may 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 and consulting services for our practice.

Other Ways We May Use and Disclose Your Protected Health Information

Appointment Reminders: We may use and disclose your protected health information to contact you as a reminder about scheduled appointments or treatment.

Treatment Alternatives: We may use and disclose your protected health information to tell you about or to recommend possible alternative treatments or options that may be of interest to you.

Others Involved in Your Care: When necessary, we may 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 or payment for care.

As Required by Law: We may, and are sometimes required by law, to use and disclose your protected health information when requested by federal, state, or local law. You may request an accounting of such disclosures at any time.

Breach Notification: In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

To Avert a Serious Threat to Public Health or Safety: We may 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; and with parental permission, proof of immunization to a school where required by law. If directed by a health authority, we will also disclose your health information to a foreign government agency that is collaborating with the public health authority.



Your Health Information Rights

Although your health record is the physical property of the practice, 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. You may also print a copy from our website at www.lohiderm.com

Inspect and Copy: You have the right to inspect and obtain a copy the 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 any other records we use for making decisions about you. You may request an electronic copy of your information in a form you specify; however, if we are not able to provide the information in the form requested, we must contact you to determine a suitable alternative. 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. We will have 30 days to respond to your request for information.

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 your reasoning that supports your request. We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if: (1) the information was not created by us, or the person who created it is no longer available to make the amendment; (2) the information is not part of the record which you are permitted to inspect and copy; (3) the information is not part of the designated record set kept by this practice; or (4) 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 of 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 to your insurance carrier about a treatment that you paid for in full out of pocket. Your request must be made in writing to our practice manager. Other than as in the example above, 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.

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 contact you 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 Secretary of Health and Human Services. 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, Lower Highlands Dermatology. There will 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 questions or would like additional information, you may contact our Practice Manager at (303) 455-7546.

Effective May 1, 2020