

The Dermatology Clinic – Notice of Privacy Practices

Thank you for choosing The Dermatology Clinic for your Dermatology services. This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. We understand your medical information is personal to you, and protecting the privacy of your health information is important to us.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect July 1st, 2013 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request. You may request a copy of our notice at any time.

Privacy Practice Policies Extend to:

- Any health care professional authorized to enter information into your health record, including physicians, PAs, MAs, RNs, etc.
- All areas of the practice including front desk, administration, billing and collections, etc.
- All employees, staff and other personnel that work for or with our practice.
- Our business associates including a billing service, or facilities to which we refer patients, on-call physicians, etc.

Uses and Disclosures of Health Information

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We use previously given medical information about you to provide you with current or prospective medical treatment or services. We may use or disclose your health information to a physician or other healthcare provider providing treatment for you. We may also discuss your medical information outside the Practice to those involved in your medical care, such as others to whom we refer you to provide services that are part of your care.

Payment: We may use and disclose your health information for services and procedures so they may be billed and collected from you, an insurance company or any other third party. For example, we may need to give your health care information to obtain payment or reimbursement for the care. We may need to share with your health plan and/or referring physician information about a proposed treatment in order to obtain prior approval or to determine whether your plan benefits will cover the treatment.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations, so that we can run our Practice more efficiently and make sure all of our patients receive quality care. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare providers, evaluating provider performance, conducting training programs, peer review, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Appointment and Patient Recall Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care with the Practice, or that you are due to schedule and receive periodic care from the Practice. This contact may be by phone, in writing, e-mail, or otherwise and may involve the leaving an e-mail, a message on an answering machine, or otherwise which could potentially be picked up by others.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, or your general condition. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment, disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Research: Under certain circumstances we may use and disclose medical information for research purposes regarding medications, efficiency of treatment protocols and the like. All research projects are subject to an approval process, which evaluates a proposed research project and its use of medical information. Before we use or disclose medical information for research, the project will have been approved, but we may disclose medical information to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the Practice.

Required by Law: We may use or disclose your health information when we are required to do so by federal, state, or local law or legal process, for example, subpoena, court order, administrative order, warrant, or summons, and pursuant to workers' compensation laws.

To Avert a Serious Threat to Health or Safety: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Governmental Officials and Law Enforcement: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Public Health Risks: Law or public policy may require us to disclose medical information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications or problems with products.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Coroners, Medical Examiners and Funeral Directors: We may release medical information to a coroner or medical examiner. This may be necessary for example to identify a deceased person or determine the cause of death. We may also release medical information about patients of the Practice to funeral directors as necessary to carry out their duties.

Inmates: if you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary 1) for the institution to provide you with health care, 2) to protect your health and safety or the health and safety of others, or 3) for the safety and security of the correctional institution.

Patient Rights

This section describes your rights and the obligations of this Practice regarding the use and disclosure of your medical information.

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request access to your medical records by completing an Authorization for Release of Patient Medical Records and delivered to the address at the end of this notice. We may charge you a reasonable cost-based fee for expenses such as copies, postage and staff time.

Right to Amend: If you feel that the medical information we have about you in your records is incorrect or incomplete, then you may ask us to amend the information following the procedure below. You have the right to request an amendment for as long as the Practice maintains your medical records.

To request an amendment, your request must be submitted in writing, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated, signed by you and notarized. 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:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information kept by or for the Practice.
- Is not part of the information which you would be permitted to inspect and copy.
- Is inaccurate and incomplete.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associated disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before July 1, 2013. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request in writing that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communications: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or locations, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Notice Format: If you receive this notice on our website or by electronic mail (email), you are entitled to receive this notice in written form.

Questions and/or Concerns

Thank you for taking the time to read and understand our Notice of Privacy Policies. Please let us know if you have any questions or concerns. You may contact us at:

The Dermatology Clinic
7707 SE 27th Street, Suite #104
Mercer Island, WA 98040
Office: 206-232-2267
Fax: 206-232-2453

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may inform us by using the contact information listed above. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

