

Notice of Privacy Practices

To Our Patients. This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you may get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

We may use and disclose your Private Health Information (PHI) in the following ways:

1. **Treatment.** Our practice may use your protected health information (PHI) to treat you. For example, we may ask you to have laboratory test and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice - including, but not limited to, our doctors and nurses, may use or disclose your PHI in order to treat you or assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents.
2. **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and we may provide your insurer with details regarding your treatment to determine if your insurer will cover or pay for your treatment. We also may disclose your PHI to obtain payment from third parties that may be responsible for such cost, such as family members. In addition, we may use your PHI to bill you directly for services and items.
3. **Operations.** This practice may use or disclose your PHI when needed for the practice's health care operations for the purposes of management or administration of the practice and of offering quality health care services. For example, for reviews and audits such as compliance reviews, medical reviews legal services and maintaining compliance programs. The practice may disclose your PHI to another provider or health plan for their health care operations.
4. **Other uses and disclosures.** As a part of treatment, payment and healthcare operations, the practice may also use or disclose your PHI to: 1) remind you of an appointment including the leaving of appointment reminder information on your telephone answering machine, 2) inform you of potential treatment alternatives or options, 3) inform you of health-related benefits or services that may be of interest to you, 4) release information to a friend or family member that is involved with your care; for example, a parent or guardian may ask that a babysitter take their child to our office for treatment. In this example, the babysitter may have access to this child's medical information and 5) our practice may disclose your PHI when we are required to do so by federal, state or local law.

Use and disclosure of your health information in certain special circumstances

The following circumstance may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to prevent the threat.
5. If you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.

Your rights regarding your health information

1. Communications. You may request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that we contact you at home rather than work. We will accommodate reasonable requests.
2. You may request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations (TPO). Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not psychotherapy notes. Our practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. You must submit your request in writing to Privacy Officer, North Dallas Dermatology Associates, 9301 N. Central Expressway, Suite 180, Dallas, Texas 75231.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, as long as the information is kept by or for this practice. We may deny your request if you ask us to amend information that is in our opinion accurate and complete. To request an amendment, your request must be made in writing and submitted to Privacy Officer, North Dallas Dermatology Associates, 9301 N. Central Expressway, Suite 180, Dallas, Texas 75231.
5. Right to copy this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact the front desk receptionist.
6. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the Privacy Officer at North Dallas Dermatology Associates, 9301 N. Central Expressway, Suite 180, Dallas, Texas 75231. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by law. Any authorization you provide to us may be revoked at anytime in writing.