

# Notice of Privacy Practices

Effective January 1, 2018

**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.**

Precision Dermatology and Skin Surgery, PA is required by law to maintain the privacy of the health information it maintains about its patients (known as the "Protected Health Information" or "PHI") and to provide its patients with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. This Notice of Privacy Practices describes how we may use and disclose PHI to carry out treatment, obtain payment or perform our health care operations, and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

Except as described in this Notice, we will not use or disclose PHI about you without your written authorization. We reserve the right to change our practices and this Notice. In the event we revise the Notice, the new Notice provisions will be effective for all PHI we maintain. We will provide you with a revised copy upon request.

## How We May Use and Disclose Your PHI

The following categories describe different ways that we use and disclose your PHI. For each category of uses or disclosures, we will explain what we mean and give some examples. Not every use or disclosure in any category is listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

- **Treating you.** We can use your PHI and share it with other professionals who are treating you. An example of this practice is providing your prescription information to the pharmacy of your choice so that it may be dispensed.
- **Billing for your services.** We can use and share your PHI to bill and get payment from health plans or other entities. For example, we may contact your insurer to determine whether it will pay for your prescription and the amount of your copayment.
- **Running our practice.** We can use and share your PHI to run our practice, improve your care, and contact you when necessary as we provide services to you. For example, we may use your PHI to review and assess the quality of services we provide to you. We also may disclose your PHI to attorneys or auditors for assistance with legal compliance and financial reporting requirements.

## How We Won't Use Your PHI

- Marketing purposes
- Sale of your PHI

## Your Health Information Rights

You have the following rights with respect to your PHI that we maintain:

- **Get an electronic or paper copy of your medical record.** You can ask to see or get a copy of an electronic or paper copy of your medical record and other health information we have about you. You may also request copies of your records or request the sending of your records. Ask us how to do this by contacting our office at the address listed on the next page. We will provide a copy or summary of your PHI within 30 days of your request.
- **Get a copy of this Notice.** You may request a copy of this Notice at any time.
- **Receive written notification** following a breach of your unsecured PHI.
- **Provide alternative communications on this Notice to individuals with disabilities** in another format in compliance with Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act of 1990.
- **We shall honor requests to restrict certain disclosures of your PHI** to a health plan regarding services rendered.
- **Request a restriction on certain uses and disclosures of PHI.** You have the right to request certain restrictions on our use or disclosure of your PHI that we maintain. To request such a restriction, please provide a written request to the HIPAA Privacy Officer at address listed on the next page.
- **Inspect and obtain a copy of PHI.** You have the right to inspect or obtain a copy of PHI about you that is contained in a "Designated Record Set" for as long as Precision Dermatology and Skin Surgery maintains your PHI. To inspect or copy PHI about you, you must send a written request (signed medical release) to the HIPAA Privacy Officer at the address listed on the next page. Records may also be viewed electronically via the patient portal. We may deny your request in certain, limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed.
- **Ask us to correct your medical record.** If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. To request an amendment, you must send a written request to the HIPAA Privacy Officer at the address listed on the next page. You must include a reason that supports your request for amendment. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may provide a rebuttal statement.
- **Receive an accounting of disclosures on PHI.** You have the right to receive an accounting of certain disclosures we have made of PHI about you for most purposes other than treatment, payment, and health care operations. The accounting will exclude certain disclosures, such as those made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to the HIPAA Privacy Officer at the address listed on the next page. Your request must specify the time period for which the accounting is requested, which may not be longer than three years.

More on reverse side

- **Request communications of PHI by alternative means or at alternative locations.** You may request that we contact you concerning your PHI by alternative means and/or at alternative locations. For example, you may request that we contact you about medical matters only in writing or at a different residence. To request and receive communications of your PHI by alternative means or at alternative locations, you must submit a written request to the HIPAA Privacy Officer at the address listed below. Your request must state how or where you would like to be contacted. We must accommodate all reasonable requests. We will not ask you to provide a reason for your request.

## Other Ways We May Use or Disclose Your PHI:

- **Business Associates.** Some of the services we provide are delegated to Business Associates. We provide your PHI to those Business Associates who require information to perform certain services on our behalf. For example, we may provide PHI to laboratories processing specimens and generating pathology reports. To protect you, we require the Business Associate and their contractors to appropriately safeguard the PHI.
- **Communication with individuals involved in your care or payment for your care.** We may disclose to a person involved in your care or payment for your care PHI relevant to that person's involvement in your care or payment.
- **Health-related communications.** We may contact you to provide refill reminders or other health-related benefits and/or services that may be of interest to you.
- **Workers' compensation.** We may disclose PHI about you as authorized by and as necessary to comply with laws relating to workers' compensation or similar programs established by law.
- **Public health.** We may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Law enforcement.** We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.
- **As required by law.** We must disclose PHI about you when required by law to do so.
- **Health oversight activities.** We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Judicial and administrative proceedings.** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made by the requesting party to tell you about the request or obtain an order protecting the requested PHI.
- **Notification.** We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of information regarding your location and your general condition. We may use PHI to confirm appointments via phone, voicemail, or text message.

- **To avert a serious threat to your health or safety.** We may use and disclose PHI about you when necessary to prevent a serious threat to you or your health and safety or the health and safety of the public or another person.
- **Victims of abuse, neglect, or domestic violence.** We may disclose PHI about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else, or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

## Other Uses and Disclosures of PHI That Require Your Written Permission

Precision Dermatology and Skin Surgery, PA must obtain your written authorization before using or disclosing PHI about you for purposes other than those provided in the previous sections or as otherwise permitted or required by law. For example, in limited circumstances, state or federal law (that provides special privacy protections for certain types of highly sensitive health information) may require Precision Dermatology and Skin Surgery, PA to obtain your authorization to use or disclose the sensitive health information. You may revoke an authorization in writing at any time. Upon receipt of a written revocation, we will stop using or disclosing PHI about you, except to the extent that we already have taken action in reliance on the authorization.

## Aggregated or De-Identified Data

We may use your aggregate or de-identified data for various business purposes to learn more about the benefits of our programs and how we may improve our services or create additional service offerings.

## Contact Information, Additional Information, or to Report A Problem

If you have questions or would like additional information about Precision Dermatology and Skin Surgery's privacy practices, you may contact the HIPAA Privacy Officer at **(904) 923-6647** or **1550 Riverside Avenue, Suite A, Jacksonville, FL 32204**. If you believe your privacy rights have been violated, you may file a written complaint with the HIPAA Privacy Officer or the Secretary of the Department of Health and Human Services. We will not retaliate against you filing a complaint.

## Right to Change Terms of This Notice

We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective for your entire PHI that we maintain, including any information created or received prior to issuing the new Notice. You may obtain any new Notice by contacting the HIPAA Privacy Officer.

## ACKNOWLEDGEMENT AND RECEIPT OF PRECISION DERMATOLOGY AND SKIN SURGERY NOTICE OF PRIVACY PRACTICES

I have received and read the Precision Dermatology and Skin Surgery Notice of Privacy Practices. I have the following privacy-related comments for Precision Dermatology and Skin Surgery.

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Signature of Patient or Personal Representative

Print Name or Name of Personal Representative (if applicable)

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Zip Code

Date