

Notice of Privacy Practices for Coastal Dermatology & Skin Cancer Center

This **condensed** notice describes how medical information about you may be used, disclosed and how you can access this information. This notice applies to all the records of your care generated by the practice, whether made by the practice or an associated facility. Our Practice provides the Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability & Accountability Act of 1996 (HIPAA along with the Health Information Technology for Economic & Clinical Health (HITECH)

Law requires us to:

- 1) Make sure that the protected health information about you is kept private.
- 2) Provide you with a notice of our privacy practices and your legal rights with respect to protected health information about you.
- 3) Follow the conditions of the Notice that is currently in effect.
- 4) Keep all storage

We may use and disclose medical information about you for:

- * **Treatment**-We may use protected health information about you to treat you with health care services, this will include doctors, nurses laboratories and any other personnel who help with the care for you.
- * **Payment**-We may use and disclose protected health information about you so that services you receive may be approved by your insurance company or billed and paid by your insurance company and third party.
- * **Health care operations**-we may use and disclose protected health information about you for our practice operations.
- * **Appointment and patient recall reminders**-we may use and disclose protected health information to contact you as a reminder that you have an appointment with our office.
- * **Emergency situations**-we may disclose medical information to an organization assisting in disaster relief effort or in an emergency situation, so that family can be notified about your condition, status and location.
- * **Required by law**-we will disclose information about you when required to do so by federal, state and local law.
- * **Avert a serious threat to health safety**-the only time we would disclose information would be to someone able to help prevent the threat to you.
- * **Organ or Tissue Donation**-we may release information to facilitate organ or tissue donation and transplantation.
- * **Worker's compensation**-we may release information about you for workers comp or similar programs
- * **Public Health Risk**-law or public policy may require us to disclose medical information about you for public health activities.
- * **Investigation and government activities**-we may disclose medical information to a local, state or federal agency for activities authorized by law.
- * **Lawsuits and disputes**-If you are involved in a lawsuit or a dispute we may disclose medical I information about you in response to a court or administrative order.
- * **Law enforcement**-we may release information if asked to do so by law enforcement official.
- * **Coroners**-this may be necessary, to identify a deceased person or determine the cause of death.
- * **Inmates**-we may release information about you to the correctional institution or law enforcement official.

Changes to this notice-We reserve the right to change this notice at any time.

Complaints-if you believe your rights have been violated you can file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint, contact the office manage in writing. All complaints will be investigated without repercussion to you.

Patient Rights: You have the following rights regarding your medical records.

- ***You have the right to inspect and have a copy of your chart.**
- ***The right to amend your medical information in your chart.**
- ***The right to an accounting disclosures.**
- ***The right to a paper copy of this notice.**
- ***The right to request restrictions or limitations of the medical information that we use.**