

Notice of Privacy Practices and HIPAA

Updated 7/1/2017

Effective 7/1/2017

WHAT IS THIS NOTICE OF PRIVACY PRACTICES?

This notice describes ways in which your medical information may be used and disclosed. This notice also explains *your* rights and the obligations *we* have regarding the use and disclosure of medical information. This notice applies to ALL of your records generated and used by Coronado Dermatology, whether made by the practice or another facility. This notice describes our policies which extend to all areas of our practice, all who work for or with our practice, and any business associates involved in the handling of your medical information. Please review carefully.

YOUR PERSONAL MEDICAL INFORMATION - "PROTECTED HEALTH INFORMATION" (PHI)

Your medical/health information is personal, and we are committed to protecting the information about you. At Coronado Dermatology, we create paper and electronic records of the care and services/items you receive at our office. We must keep such records to provide you with quality care and to comply with certain legal requirements.

OUR OBLIGATIONS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

By law, we are required to:

Make sure that your protected health information (PHI) is kept private;

Provide you with our Notice of Privacy Practices that details how we use and disclose your PHI;

Advise you of the laws about PHI and your legal rights with respect to your PHI;

Follow the conditions of the notice that is currently in effect.

Changes to this Notice:

We reserve the right to change this notice at any time. We will always have a copy of the current notice available in the office. The notice will contain the date of last revision and effective date on the first page. Each time you visit the office you may request a copy of the current notice in effect.

Handling of Protected Health Information (PHI):

This notice will detail how the law allows us to use and disclose your PHI. Other uses and disclosures of PHI *not* covered by this notice or the laws that apply to us will be made *only with your written permission*. Examples of requests requiring written authorization include release of PHI to:

- Another physician,
- Yourself or a family member,
- A life insurance company.

If you have provided us with your permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reason covered by your written authorization.

HOW WE ARE ALLOWED TO USE & DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)

The following categories describe different general ways (with examples) that the law allows us to use and disclose PHI without a special written authorization from you.

Medical Treatment: We may use your PHI to provide you with medical treatment or services. We may disclose your PHI to other health care professionals who are, were, or may become involved in taking care of you. Examples include sharing your information with: your family doctor that referred you here initially, a friend or family member involved in your care, a doctor we refer you to for a special treatment, or someone who helps pay for your care.

Payment: We may use and disclose your PHI so that the treatment and services that you receive may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your current or previous health plan information about treatment you received at our office so your plan will pay us for the visit. We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Billing: We may use and disclose medical information to our electronic billing company who submits our insurance claims to insurance companies electronically. This is necessary because many insurance companies no longer accept “paper claims” and require electronic claims submissions.

Operational Uses: We do many things that any business would do. We may use and disclose PHI so that we can run our practice more efficiently and make sure that our

patients receive quality care. Such uses may include those associated with evaluating the quality of care we give (via internal or external review/audit), training our staff, complying with legal requirements/ lawyers, and other such business operations. When business associates are used, we shall advise them of their continued obligation to maintain the privacy of your medical records.

Appointment, Treatment, Recall Reminders: We may use and disclose PHI to contact you as a reminder that you have an appointment with us or that you are due for an appointment with us. This contact may be via telephone, e-mail, postcards, or other means and may involve leaving a message on e-mail, voice mail, an answering machine, or with family, etc. Others could pick up such communications.

Marketing/ New and Special Treatments: We may use and disclose PHI to keep you posted about procedures, treatments, or products that you might find of interest. We may also use PHI to inform you about our upcoming events, seminars, and discounts on products/services.

Pathology / Blood work: We may use and disclose PHI to diagnostic labs/ pathology labs in order to send specimens and receive results for you.

Laser Services: If you choose to have laser or hydrfacial treatments, we may need to share your medical information with our service technician.

Required By Law: We will disclose PHI when required to do so by federal, state or local law. We may also release PHI to a law enforcement official to report or solve crimes and in response to a court order, subpoena, warrant, summons, or similar process.