

NOTICE OF PRIVACY PRACTICES

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This notice describes how your medical information as a patient of The DERM Center may be used and disclosed and how you can get access to this information. Please read it carefully.

A. Our Commitment to Your Privacy:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

B. When We Will Not Use or Disclose Your Health Information:

Except as described in this Notice of Privacy Practices, The DERM Center will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize The DERM Center to use or disclose your health information for another purpose not included, you may amend your authorization at any time.

C. We May Use and Disclose Your Health Information in the Following Ways:

- **Treatment:** Providing, coordinating, or managing health care and related services by one or more health care providers. Examples of this would include referring you to a primary care physician, specialist, or healthcare facility.
- **Payment:** Activities such as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would include sending your insurance company a bill for your visit and/or verifying coverage prior to a service.
- **Health Care Operations:** Including business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis and customer service. An example of this would be patient surveys to evaluate our performance.
- **Legal Actions Requiring Law Enforcement/Government Activities:** We may disclose your PHI in the course of legal proceedings; in response to a subpoena, discovery request or other legal process; to law enforcement officials, such as in response to a warrant or subpoena, or for certain government activities, such as national security and intelligence. We may also disclose your PHI when authorized to do so by workers compensation laws. Your PHI may also be disclosed when required by law and/or government regulators. For example, we must disclose your PHI upon request to the U.S. Department of Health and Human Services regarding a possible breach of federal privacy laws.
- **Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, SCRBHO or its successor, other government programs regulating health care and civil rights laws.
- **Public Health and Safety:** We may disclose your PHI to federal, state, or local authorities, or other entities charged with preventing or controlling disease, injury, or disability for public health activities. These activities may include the following: disclosures to report reactions to medications or other products to the U.S. Food and Drug Administration or other authorized entity; disclosures to notify individuals of recalls, exposure to a disease or risk for contracting or spreading a disease or condition.
- **Coroners, Medical Examiners/Organ Donation:** We may disclose PHI, under certain conditions, to coroners, funeral directors, and medical examiners and if applicable to organizations regarding organ donation.
- **Contacting You / Appointment Reminders:** We may use and disclose medical information to contact and remind you about appointments and other health related matters. If you are not home, we may leave appointment information on your answering machine or in a message left with the person answering the phone. If you have provided an email address and cell phone number, we may contact you via those forms of communication and the messages will not contain PHI or disclose inappropriate information.
- **De-Identified Health Information:** We may use or disclose health information if we have de-identified the information, which can be done by an expert determination or by removing certain identifiers.

- **Breach Notification:** In the case of a breach of unsecured PHI, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

D. Your Privacy Rights:

1. **Confidential communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make that request via telephone by contacting the office directly at 423-977-7546 specifying the requested method of contact, or the location where you wish to be contacted. The DERM Center will accommodate **reasonable** requests. You do not need to give a reason for your request.
2. **Requesting restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI 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. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to The DERM Center. Your request must describe in a clear and concise fashion:
 - The information you wish restricted,
 - Whether you are requesting to limit our practice's use, disclosure, or both,
 - To whom you want the limits to apply.
3. **Inspection and copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to The DERM Center in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted The DERM Center. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
5. **Right to a paper copy of this notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact The DERM Center directly. 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 Amanda Baker, Practice Manager, at 423-977-7546 or by email at abaker@thedermtcenter.com. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**
6. **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 applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked by you, the patient, at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. *Please note* we are required to retain records of your care.

E. Changes to This Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice will apply to all PHI that we maintain, regardless of when it was created or received. We will keep a copy of the current notice in our reception area and a copy will be available at each patient appointment. We will also post the current notice on our website.

F. Complaints

For additional questions or complaints about this Notice of Privacy Practices or how The DERM Center handles your health information please submit a formal letter to Amanda Baker at The DERM Center, 651 East 4th Street, Suite 302, Chattanooga, TN 37403.