



PRIVACY NOTICE

This notice describes how private health information ("PHI") about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

I. We are required by law to:

- Make sure your PHI is kept private
- Give you this notice outlining our duties and practices regarding your PHI **and** comply with the terms of this notice
- Disclose your PHI only as described in this notice, unless we obtain your written consent
- Promptly notify you, if a breach occurs that may have compromised the privacy of your PHI

II. The following describes the ways in which we may use or disclose your information:

Treatment: We may use health information about you to provide you with treatment or services. We may also disclose health information about you to other medical providers who are involved with your health care.

Billing or Payment: We may use and disclose information about treatments and services for billing purposes. This includes disclosure to health plans, insurance companies or other entities.

Practice Operations: We may use your information to run our practice, improve your care, or to contact you as necessary, including appointment reminders.

Lawsuits or Legal Action: If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court order, administration order, or subpoena.

Compliance with the Law: We may share your information, if federal, state, or local law requires it.

Public Health and Safety: We may share your information in certain situations, such as disease prevention, product recalls, adverse reactions to medications, to report abuse, neglect, or domestic violence, or to prevent a serious threat to anyone's health or safety.

Other: Your information may be shared for purposes related to workers compensation, governmental or military-related requests, or health research purposes.

III. Your rights:

- You may inspect and/or obtain a copy of your health information, including billing statements. Upon your written request, a copy will be provided to you, usually within 30 days. You may be charged a cost-based fee to fulfill your request.
- If you believe that your health information is incorrect or incomplete, you may ask us to review or amend the information. We will respond to your written request to do so, usually within 60 days.
- You may request that we restrict or limit how we use or communicate your health information, and we will comply with all reasonable requests. We are not required to agree to your request, if we believe it will affect your care or if the law requires otherwise.
- You may request a list of whom we have shared your PHI for 6 years prior to your written request. This list will not include disclosures for the reasons outlined in **Section II** of this notice.
- You may request that we contact you regarding your health using a specific phone number or address. We will make effort to honor your request.
- You may assign legal rights to someone to act or make health care related decisions on your behalf, and we will ensure we have written proof of such legal rights before taking action.
- We consider the privacy of your health information a very serious and important matter. If you believe your privacy rights have been violated, you may file a complaint with us by contacting our HIPAA Privacy Officer by phone at **877-231-3376** or by mail at **2505 Harrison Avenue, Panama City, Florida, 32405**. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights in Washington, D.C., by phone at 877-696-6775 or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/

By signing the consent on your Face Sheet/Patient Information form, you are acknowledging that you have received, read, and understand the information provided in this notice.

The most recent version of this notice is always available upon request or electronically at <http://mydermspecialists.com/patient-forms/>