

Dermatology and Laser Center of Chapel Hill

Notice of Privacy Practices

The information below describes how your personal health information may be used and disclosed and how you may access this information. Please review this document carefully. If you have any questions about this notice, please contact our Privacy Officer, Julie English. Effective Date: September 1st, 2016

This privacy notice describes how and under what circumstances we may disclose your personal health information in order to complete treatment, billing, or other health care procedures, as well as your rights to access and manage it. Your information may also be shared if it is allowed or required by law.

We are committed to maintain and protect your privacy as our patient. This clinic has the right to change this notice at any time. If any changes are made, they will be posted in an evident location in our office. If requested, a copy of the new notice will be made available either in our office or by mail. Additionally, the revised notice will be posted on our website at dermatologyandlasercenterofchapelhill.com.

USES AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION:

We may disclose your personal health information in order to provide you with medical treatment.

Your personal health information may be shared and used by your physician, office staff, home health agencies, and any others outside of our office that may be involved with your medical care and treatment in order to provide health care services to you.

We may disclose your personal health information in order to obtain payment.

Your personal health information may be shared with the following:

- Billing companies
- Insurance companies and health plans
- Government agencies (in order to assist with qualification of benefits)
- Collection agencies

We may disclose your personal health information in order to support the business activities of the practice.

Your information may be used in order to improve the quality care of our office in order to provide you and other clients with more effective, safe care. Additionally, your information may be used in order to assist in resolving a problem or a complaint within the practice.

We may disclose and use your personal health information under the following circumstances without authorization:

- If required by law: The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law, including the disclosure with the police and any other law enforcement purposes.
- Public health: The disclosure of any information will be made for the purpose for preventing disease, injury or disability, and only to the public health authorities permitted to access or collect this information. We may also notify any individuals who may have been exposed to an illness or those at risk of contracting or spreading an illness or condition.
- Health oversight agencies: We may disclose protected medical information to a health oversight agency for actions authorized by law, such as investigations, inspections and audits. Oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- Legal proceedings: Certain health information may be used or shared to facilitate any legal proceeding or in response to a court order such as a subpoena, or other lawful processes.
- Coroners and funeral directors: We may disclose your protected information to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law.
- Medical research: We can use or share your information for any health research approved by an institutional review board and established protocols in order to ensure your privacy is maintained.

Special government purposes: Your protected health information may be shared if you are a member of the military or for national security purposes.

- Correctional Institutions: Information necessary for your health or the health and safety of others may be shared if you are an inmate or are under the custody of the law.
- Worker's Compensation: In order to comply with workers' compensation laws and other similar legally established programs, your protected health information may be shared.

Other circumstances where we may disclose your personal health information: Appointment reminders: We may contact you in order to remind you about upcoming appointments or treatments.

We may disclose or use your personal health information under the following circumstances UNLESS you disapprove:

- With your authorization, we may share information with friends or family members or other persons identified by you involved in your care or payment of treatments. If you are unable to authorize this disclosure, we may share your information if we believe it is in your best interest.
- We may share your information in order to notify a family member or any other person responsible for your care of your location, general condition, or death.
- We may use or disclose your protected health information to an authorized public or private organization to assist in disaster relief efforts.

The following circumstances REQUIRE your authorization in order to disclose your personal health information:

- Marketing purposes
- Sale of your information
- Release of psychotherapy notes

All other uses and disclosures not printed in this notice will require a written authorization from you or your personal representative. This authorization explains how you want your information used and shared. This authorization may be revoked at any time in writing. No further use or disclosure will occur beyond this authorization.

YOUR RIGHTS. As our patient, you are entitled to certain rights regarding your personal health information. All requests to exercise these rights must be made in writing.

You have the right to see and obtain a copy of your protected health information. This copy is contained in a designated recorded set for as long as we maintain the protected information. If preferred, we may provide you a copy in an electronic format. Under certain circumstances, the request to print or copy the records may be denied. There will be no fee to have this completed.

You have the right to request a restriction of your protected health information. You may request this office to not use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. We may deny the request. If you pay out of pocket in full for a service or product, we *must* accept a restriction request to restrict disclosure of any information to a health plan unless it is otherwise required by law.

You have the right to request us to communicate in different ways or locations. You may request us to contact you in a specific way or send mail to a different address. We will accept all reasonable requests.

You may have the right to request a revision of your health information. If you feel that the information is not correct, you may request a revision of this information along with an explanation of the reason for the request. We may deny this request, at which time you will have an opportunity to disagree.

You have the right to a list of those with whom we've shared protected information. This right applies to disclosures for purposes not including treatment, payment, or healthcare operations. If you request more than one list within a 12-month period, you may be charged a fee.

You have the right to obtain a paper copy of this privacy notice from us upon request. We will give you a copy of this notice the first day we treat you at our office. In an emergency situation, we will give you the notice promptly.

You have a right receive notification of any breach of your protected health information.

COMPLAINTS: If you think we have violated your rights or you have a complaint about our privacy practice, you may contact: Julie English, DLC's HIPAA Officer. You may also contact the United States Secretary of Health and Human Services if you believe these rights have been violated. If you file a complaint, we will not retaliate against you for filing a complaint. This notice was published and becomes effective on September 1st, 2016.