

HIPAA

Health Insurance Portability and Accountability Act

This notice describes how medical information about you may be disclosed and how you can get access to this information. Please review it carefully.

WE ARE REQUIRED BY LAW to provide you with this notice that explains our privacy practices with regard to your medical information and how we may use and disclose your protected health information for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information and we also describe them in this notice.

WAYS IN WHICH WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

Treatment: We will use and disclose your protected health information to provide treatment. For example- Information obtained by a nurse, Physician or other member of our staff will be recorded in your record and used to manage your health care. Laboratory test(s) may be ordered and results used to help us reach a diagnosis. Prescriptions may be written for you or we may call or fax a pharmacy on your behalf. We may also disclose your information to other physicians involved in your care including the referring physician or a specialist we have referred you to see.

Payment: We will use and disclose your protected health information to obtain payment for services we provide. For example- We may contact your health insurer to verify coverage and we may provide your insurer with details of your treatment including diagnosis and procedures. We may also provide your information to the laboratories from which we have ordered test(s) on your behalf. We may also contact a third party who may be responsible for payment such as a family member. We may also use the information to bill you directly for services.

Health Care Operations: We may use and disclose your protected health information to operate our business. For example- We may disclose your health information to third party business associates who perform billing and consulting services.

Appointment Reminders: We may contact you to remind you of an appointment or to make appointments for periodic check ups.

Others Involved In Your Care: We may discuss your protected health information with a family member, friend, or any other person you identify that is involved in your medical care.

As Required by Law: We may disclose your information when we are required to do so by federal, state, or local law. For

example - we may release requested information to the state cancer registry when requested.

To Advert a Serious Threat to Public Health or Safety:

We will use and disclose your information to a public health authority that is permitted to collect or receive the information for the purpose of controlling disease or injury.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

A Paper Copy of This Notice: You have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking our receptionist at your next visit or by calling and asking us to mail you a copy.

Inspect and Copy: You have the right to inspect and copy the protected health information that we maintain about you in our designated record set for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making decisions about you. Any psychotherapy notes that may have been included in records we received about you are not available for your inspection or copying by law. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request.

If you wish to inspect or copy your medical information, you must submit your request in writing to:

Arizona Premier Dermatology
4545 E Chandler Blvd, Suite 305
Chandler, AZ 85048

You may mail in your request or bring it to our office. We will have 30 days to respond to your request and are allowed up to 60 days to respond but must inform you of this delay.

You may also make your request in electronic form in which we have 30 days to comply with one 30-day extension.

Request Amendment: You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to our privacy officer, stating exactly what information is incomplete or inaccurate and your reasoning that supports your request.

HIPAA

Health Insurance Portability and Accountability Act

We are permitted to deny your request if:

- The information was not created by us, or the person who created it is no longer available to make the amendment.
- The information is not part of the record which you are permitted to inspect and copy.
- The information is not part of the designated record set kept by this practice; or if it is the opinion of the health care provider that the information is accurate and complete.

Request Restrictions: You have the right to request a restriction or limitation of how we use and disclose your medical information for treatment, payment, or health care operations. For example-You could request that we not disclose information about a prior treatment to a family member or friend who may be involved in your care or payment for care. Your request must be made in writing to our practice manager.

You can also forbid disclosure of information about a test or treatment for which you paid out-of-pocket.

We are not required to agree to your request if we feel it is in your best interest to use or disclose that information. However, if we do agree, we will comply with your request unless that information is needed for emergency treatment.

An Accounting of Disclosures: You have a right to request a list of the disclosures of your health information we have made outside of our practice that were not for treatment, payment, or health care operations. Your request must be made in writing and must state the time period for the requested information. You may not request the information for any dates prior to April 14, 2003 (the compliance date for the federal regulation).

Your first request for a list of disclosures within a 12-month period will be free. If you request an additional list within 12-months of the first request, we may charge you a fee for the cost of providing the subsequent list. We will notify you of such cost and afford you the opportunity to withdraw your request before any costs are incurred.

Request Confidential Communications: You have the right to request how we communicate with you to preserve your privacy. For example-you may request that we call you only at your work number, or by mail at a special address or postal box. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

File a Complaint: If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our privacy officer or directly to:

Secretary of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington D.C. 20201

To file a complaint with our privacy officer, you must make it in writing within 180 days of the suspected violation. Provide as much detail as you can about the suspected violation and send it to:

Arizona Premier Dermatology
4545 E Chandler Blvd, Suite 305
Chandler, AZ 85048

You should know that there will be no retaliation for your filing a complaint.

Uses of Disclosures Not Covered: Uses or disclosures of your health information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization at any time and we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

Our Responsibilities:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Accommodate reasonable requests; you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make new provisions effective for all health information we maintain. Our practice will post a copy of our current notice in a visible location at all times, and you may request a copy at any time.

We will not use or disclose your health information without your authorization, except as described in this notice. We will adhere to any changes in your authorization upon written request.