



## DERMATOLOGY & LASER CENTER OF CANYON COUNTY

### SUMMARY OF PRIVACY PRACTICES

This summary of our privacy practices contains a condensed version of our Notice of Privacy Practice. A full-length notice follows this summary. Please review it carefully and inform a staff member if you would like a copy of this notice.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.** Please review it carefully and inform a staff member if you would like a copy of this notice.

We understand that your medical information is personal to you, and we are committed to protecting the information about you. As our patient we create medical records about your health, our care for you, and the services and/or items we provide for you as a patient. By law, we are required to make sure that your Protected Health Information is kept private.

How will we use or disclose your information? Here are few examples (for more details, please refer to the full Notice of Privacy Practices that follow this summary)

- For medical treatment/prescriptions
- To obtain payment for our services
- In emergency situations
- For appointment and patient recall reminders
- For research
- To avert a serious threat to health or safety
- For organ and tissue donation
- For worker compensation programs
- To run our practice more efficiently and ensure all our patient receive quality care
- In response to certain requests arising out of lawsuits or other disputes.

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 our Practice Manager. All complaints must be submitted in writing, you will not be penalized for filing a complaint.

#### FULL NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE READ IT CAREFULLY**

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a Federal program that requires that all medical records and other individual identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your protected health information (PHI) is used. HIPAA provides penalties for covered entities that misuse protected health information.

As required by HIPPA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.

We may use and disclose your medical records: treatment, payment, and health care operation.

- Treatment means providing, coordinating, or managing health care and related services by one or more healthcare providers. An example would include referring you to a different specialist.
- Payment means such activities as obtaining reimbursement for services, confirming insurance coverage, billing or collection actions 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 surgery.
- Health Care Operations include 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.
- The practice may disclose your PHI for law enforcement or public health agencies, or other legitimate reasons although we shall do our best to assure its continued confidentiality to the extent possible. An example of this would be to report suspected neglect, abuse or domestic violence, the reporting of suspected certain communicable diseases to local health department when required.

Additionally

- We may also create and distribute de-identified health information by removing all reference to the individually identifiable information.
- We may contact you from time to time to provide appointment reminders or information about treatment alternative or other health related benefit and services that may be of interest to you.

The following uses and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:

- Most uses and disclosures of psychotherapy notes.
- Uses and disclosure of your PHI for marketing purposes, including subsidized treatment and health care operations.
- Disclosures that constitute a sale of PHI under HIPPA
- Other uses and disclosures not described in this notice.

You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You may have the following rights with respect to your PHI.

- The right to request restriction on certain uses and disclosure of PHI, including those related to disclosure of family members, other relatives, close personal friends, or any other person identified by you. We are, however not required to honor a request restriction except in limited circumstances which we shall explain if you ask. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of PHI by alternative means or at alternative locations.
- The right to inspect and copy your PHI.
- The right to amend your PHI.
- The right to receive an accounting of disclosure of your PHI.
- The right to obtain a paper copy of this notice from us upon request.
- The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed.

If you have paid for services "out of pocket", in full and you request that we not disclose PHI related solely to those service to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

We are required by law to maintain the privacy of your PHI and to provide you the notice of our legal duties and our privacy practice with respect to PHI.

This notice is effective immediately and it is our intention to abide by the terms of the Notice of Privacy Practices and HIPPA regulations currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make a new notice provision effective for all PHI that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practice from our office.

You have recourse if you feel that your protections have been violated by our office. You have the right to file a formal written complain if our off and with the Department of Health and Human Services., Office of Civil Rights. We will not retaliate against you for filing a complaint

For questions concerning this notice or requests made pursuant should be addressed to:  
Dermatology & Laser Center of Canyon County 318 2<sup>nd</sup> Street South Nampa ID 83651