

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 REVIEW IT CAREFULLY.

I. Understanding Your Health Information

When you receive healthcare services from [Southern Colorado Dermatology Clinic PC] (hereafter "We," "Us," "Our"), a record of your visit is created. This record usually contains your name and other information that may identify you and your symptoms, examination and test results, diagnoses, treatment, and/or plans for future health care. This record is sometimes referred to as your "medical record" or "medical chart." This record allows:

- Doctors, nurses, and other health professionals to plan your treatment;
- Health insurance plans, such as Medicare, Medicaid, or a third party payor, to pay for your care; and
- Us to measure the quality of care provided to you.

We are required by law to maintain the privacy of your health information, to provide you with notice of our legal duties and privacy practices with respect to your health information, and to notify you following a breach of your unsecured health information. We will not use or give to others your health information without your written permission, except as stated in this Notice.

II. How We Will Use and Give Out Your Health Information

a. Treatment, Payment, and Health Care Operations

We will use and give out your health information to provide you with health care treatments, to get paid for our services, and to help us operate. We are not required to obtain your permission prior to using your health information for these purposes. For example:

- We will give your medical record to health care professionals not on our staff, such as other doctors and hospitals who help care for you;
- We may send a bill to your health insurance plan or to you; and
- Our employees may use your medical record to review our performance and make sure you receive quality health care.

b. Other Uses and Disclosures Allowed or Required by Law

We also may use or give out your health information without your permission for the following purposes, under limited circumstances:

- To people who are involved in your care or who help pay for your care, such as your family, your close personal friends, or any other person chosen by you, to notify them of your location, general health, and to assist you in your health care (only after providing you with the opportunity to object);
- To maintain a facility directory and newsletter, which enables us to share your location and announcement of your date of birth with your family, your close personal friends, and other residents (only after providing you with the opportunity to object);
- To government agencies that oversee us (such as license and certification inspectors);
- To government agencies that have the right to receive and collect health information (such as to control disease outbreaks);
- For court proceedings (such as in response to a court order or other request by a judge);
- To workers' compensation programs when your health problem is from a work-related injury;
- For law enforcement purposes (such as providing limited information to find a suspect or missing person);
- To coroners and funeral directors to allow them to carry out their duties;
- To organ donor agencies (subject to applicable laws);
- For research studies that meet all privacy law requirements (such as research to stop a disease);
- To avoid a serious threat to the health or safety of others;
- To contact you about new treatments or medicines that may help you;

- To our business associates that help us perform required tasks, such as our accountants, computer consultants, and billing companies (only if the business associate agrees in writing to keep your health information confidential as required by law);
- To contact you in efforts to raise funds for us (subject to providing you with the opportunity to opt out of receiving future fundraising communications); and
- For any other purpose required or allowed by law.

c. Uses and Disclosures Requiring Your Written Permission

Other than those uses and purposes listed above, we will make other uses and disclosures of your health information only after first obtaining your written permission to do so. Examples of uses and disclosures for which we need your written permission include, but are not limited to, uses or disclosures of psychotherapy notes related to your care, uses or disclosures for purposes of marketing, and the sale of your health information that will result in payment to us. If you authorize a particular use, you may revoke your authorization at any time by notifying us in writing that you wish to do so.

III. Your Rights Regarding Your Health Information

Subject to certain legal limits, you have rights regarding the use and disclosure of your health information, including each of the following rights.

- To request restrictions on certain uses and disclosures. We are not generally required to grant all requested restrictions. However, we must grant any request to restrict disclosure of your health information to your health plan if (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (b) the health information pertains solely to a health care item or service for which you, or a person other than the health plan on behalf of you, has paid us in full.
- To receive confidential communications of your health information.
- To inspect and copy your health information.
- To request an amendment to your health information.
- To receive an accounting of our uses and disclosures of your health information.
- To obtain a copy of this Notice of Privacy Practices.

IV. Questions, Concerns, and Changes to this Notice

If you have any questions about this Notice of Privacy Practices, please contact our Privacy Officer at 719-564-5544. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer at 719-564-5544. To file a complaint with the Secretary of the Department of Health and Human Services, submit your complaint to:

The Office of Civil Rights
 U.S. Department of Health and Human Services
 200 Independence Ave., SW
 Room 509 HHH Bldg.,
 Washington D.C., 20201

All complaints must be submitted in writing unless you are unable to write, in which case someone will assist you with putting your complaint into a written form. We will not retaliate against you for filing a complaint.

We reserve the right to revise our Notice of Privacy Practices and to make the revisions apply to your health information that we created or received before the effective date of the revision. We will notify you of any revisions to our Notice of Privacy Practices by posting the revised notice in the common area and on our web site.