



NOTICE OF PRIVACY PRACTICES

Original Date: November 1, 2009

Effective Date: September 1, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

YOUR PRIVATE HEALTH INFORMATION (PHI)

Each time you have contact with a healthcare provider for services, a record of your contact/visit is prepared. This record, maintained in written, oral or electronic format, contains presenting signs/symptoms, results of the examination and tests, diagnoses, treatment & future care recommendations. Your medical record is the physical property of DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA, but you have the right to restrict some of the uses or disclosures of the information in your medical record. DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA, however, has the right to use and disclose the information contained in your medical record in the process of providing treatment, receiving payment and performing other regular health operations such as:

- Documenting and describing the care you received for legal purposes
- Communicating with other healthcare providers who may be involved in your care
- Educating health care professionals
- Medical research
- Providing information for government and public health entities responsible for improving public health and welfare
- Evaluating and improving the care you receive and the outcomes achieved
- Billing and verification of services provided to you
- Conducting other routine healthcare operations such as quality improvement studies and assessing healthcare provider competence

Protecting your privacy and maintaining the security of your health information is one of the most important responsibilities of DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA. We are required by law to maintain privacy and confidentiality of your health information, provide you with this of Privacy Practice Notice, notify you of your rights to restrict use of this information, notify you if DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA is unable to agree to a requested restriction, and allow you to review the Notice of Privacy Practices prior to granting consent and notifying you of changes/revisions to this Notice.

EXAMPLES OF DISLOSURES OF YOUR PHI

• **Healthcare delivery and treatment.**

Information obtained from you by a physician, nurse or other healthcare profession is documented in your record and used for the assessment, evaluation, diagnosis and treatment of your medical condition(s). This information is provided to other healthcare professionals, such as other physicians, specialists, physical therapists, hospital based providers and/or other healthcare providers following your treatment by DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA.

• **Billing and payment:**

Your PHI is utilized to justify the level of care delivered to you and the charges incurred for the services. This information generally accompanies the bill and is sent to our payers.

• **Other healthcare operations:**

DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA may disclose your PHI to other individuals and businesses in order for DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA to perform its day-to-day operations. These other individuals and businesses include business associates such as vendors and/or contractors used for billing and claims management, medical research, medical information technology, disease management, and quality improvement initiatives, as well as management services organizations, laboratories, other free standing diagnostic facilities and legal counsel. DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA requires all its business associates to agree to appropriately protect the confidentiality of your PHI.

• **Reminders and Treatment:**

DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA may contact you to provide you with information that we feel is useful or helpful to you, based on your PHI. For example, DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA may contact you (or instruct a specialist physician to whom you have been referred to contact you) to schedule an appointment or as an appointment reminder, to suggest alternative treatments, or to provide you with information on treatments you are already receiving.

• **Other Uses and Disclosures:**

DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA may also utilize or disclose your PHI in order to communicate with or notify family members, relatives and others responsible for your health, and funeral directors. In addition, DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA may disclose your PHI through other communications and reports required to be made by healthcare professionals such as the public health department, law enforcement, the Food and Drug Administration, organ procurement organizations, correctional institutions, and workers compensation, where applicable. Other uses and disclosures of PHI not permitted or required by law will be made only with your written authorization. You may revoke your authorization at any time provided that the revocation is in writing, except to the extent that DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA has already taken action in reliance on your prior authorization.

YOUR RIGHTS CONCERNING PHI

Except as otherwise provided by law, you have the right to:

- Receive a paper copy of this *Notice of Privacy Practices* if you have agreed to receive it electronically.
- Receive confidential communications of PHI if a request is submitted to DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA in writing;
- Inspect and copy PHI or records about you in a designated record set as long as the PHI is maintained in the record set;
- Obtain an electronic copy of your health information within 15 days of requesting it, with one 15-day extension permitted. [Effective 9/1/2013]
- Ask DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA to amend PHI or records about you in a designated record set as long as the PHI or record is maintained in the record set (DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA is not required to change the information if it deems it to be accurate);
- Receive an accounting of disclosures of PHI (a list of the disclosures made by DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA about you for reasons other than treatment, payment or health care operations); and
- Request that DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA restrict uses or disclosures of your PHI. Though DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA is not required to agree to a restriction, to the extent that it does agree with your request, DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA may not use or disclose the protected PHI in violation of the restriction unless the information is needed to provide emergency treatment, or is otherwise permitted or required by law.
- Request that DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA not share information about a test or treatment for which the patient has paid out-of-pocket for to your insurance company. [Effective 9/1/2013]
- Written permission from the patient is required for use of any of his/her information for the purposes of marketing, fund raising, and advertising purposes. [Effective 9/1/2013]
- Written permission from the patient is required for any use of PHI for research purposes. [Effective 9/1/2013]
- If a breach of the security of your PHI has occurred, DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA is required to notify the patient of this breach within 60 days of discovery of the breach. [Effective 9/1/2013]
- DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA is required by law to abide by the terms of this *Notice of Privacy Practices*, allow you to review this *Notice* prior to granting consent, and notify you of changes/revisions to this *Notice*. If you believe your privacy rights have been violated, you may submit a written complaint to DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA or the Secretary of Health and Human Services describing in detail the manner in which you feel your privacy rights have been violated. DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA will not retaliate against you in any way for filing a complaint with DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA, or with the Secretary of State.
- This *Notice of Privacy Practices* is effective as of November 1, 2009, and revised September 1, 2013 to include 2013 HIPAA Omnibus regulations. For further information regarding PHI, please contact Privacy Officer of DERMATOLOGY & SKIN SURGERY INSTITUTE OF NORTH TEXAS, PA at (972) 712-5100.