



## Notice of Privacy Practices

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

*EFFECTIVE DATE: FEBRUARY 12, 2021*

The policy of Total Dermatology is to protect the confidentiality, integrity and security of the protected health and personal information of our patients and to prevent unauthorized access to, or the use or disclosure of such information. We are required by law to maintain the privacy of your health information and provide you with this notice of our duties and obligations. This policy applies to patients who are current or former patients of Total Dermatology.

Individually identifiable health and personal information are any information obtained by Total Dermatology in connection with providing healthcare treatment, obtaining payment and related health care operations. This relates to past, present or future information that Total Dermatology receives from you as our patient.

Total Dermatology collects personal information in order to learn about your medical history, medical conditions, render treatment and collect payment for our services. We gather this information from your patient forms, health questionnaires and other forms you will be asked to complete from time-to-time. In addition, we will assemble information based on our discussions and conversations with you, your personal representative and your family members. Your healthcare plan or insurance carrier may provide information to our office.

We will use this information to provide caring and quality medical care to you. Examples include diagnosis, treatment and communications such as follow up and appointment reminders, as well as treatment alternatives or other health-related benefits that may be of interest to you or your particular medical condition. As part of our standard treatment and healthcare operations, we may share information with a facility such as a hospital, laboratory, diagnostic service or healthcare provider to efficiently coordinate your treatment plan. We will obtain your written authorization before using your information for marketing purposes. For contracted insurers, your information will be used for claims management and to obtain payment from your insurance carrier. We will exchange paper and electronic data with your insurance carrier for activities such as eligibility, benefit and coverage determinations, precertification, utilization review and related activities. For worker's compensation, information about a work-related condition can be exchanged with the employer.

Your information is maintained in our office in our computer system. We also maintain information about you in your medical chart. Total Skin & Beauty Dermatology Center, PC limits the access to your protected health information to those employees and business associates who need to know that information. With some limitations, you have the right to inspect, amend, copy and receive an accounting of disclosures of your medical and billing records.

We do not disclose personal information to third parties unless one of the following exceptions applies:

- We will receive an explicit authorization from you to release individually identifiable information. This authorization must be in writing and give exact details regarding to whom the disclosure applies, the nature of the data to be released, the applicable dates and signed by the patient (or guardian). You may revoke this authorization by providing a written statement to the Total Dermatology Privacy/Security Officer.
- Federal, state or other applicable law requires us to share protected information or records. Your information may be disclosed to a health agency for purposes such as licensure, certification, audits, investigations and inspections. As required for law enforcement purposes or in response to a valid subpoena or court order, your information may be disclosed. Other disclosures could be required by law for military duty, national security activities or for coroners or funeral director to carry out their duties.

We are obligated to abide by the terms of this notice. We will obtain a signed, written authorization from you for permission to use and disclose your information for reasons not described in this Notice of Privacy Practices. The authorization will have an expiration date and a description of the purpose or the event you are authorizing. You will be provided with a copy of the signed authorization. You have the right to revoke the authorization in writing, at any time, and mail to the Privacy Officer at Total Dermatology.

We will notify you in the event you are affected by an unsecured breach of information. We reserve the right to change the terms of this Notice of Privacy Practice and to make new notice provisions effective for all health information that we maintain. The revised notice will be made available on our website/portal and any new notices will be distributed to you upon your return to the practice.

With some exceptions, you have right to inspect, review or obtain a copy of your health information. This request must be in writing and there may be a reasonable charge to provide you with a copy of your information. You also have the right to request your records be amended, to request special accommodations and restrictions of your health information, including to your health plan, and to receive an accounting of the disclosures of your information. You have the right to request to receive communications of your information in a special manner or location. Total Dermatology is not obligated to agree to a requested restriction unless the disclosure to your health plan is for payment or health care operations and is not otherwise required by law AND it pertains solely to a health care item or service has paid the health care provider/entity in full. We must receive a written request from you to administer these rights. Please ask to speak to the Privacy Officer or Office Manager for further information or to begin the process to exercise any of these rights.

If you have a complaint about the management of your health information or believe your privacy rights have been violated, please contact our Privacy/Security Officer, Candi Nelson at (205) 933-0987.

You have the right to file a complaint with our office and the Office for Civil Rights (OCR) and there will be no retaliation for filing a complaint with either entity.

#### Other optional uses of PHI:

- Your medical information may be reviewed by our medical staff for possible inclusion and referral in research studies. You will be contacted prior the use of your information in a research study. You will be required to sign and complete a written authorization. The authorization will have an expiration date and a description of the purpose or the event you are authorizing. You have the right to revoke the authorization in writing and then mail to the Privacy Officer at Total Dermatology or this may done at our office. You will be provided with a copy of the signed authorization.
- We may contact you for fundraising opportunities and you have the opportunity to opt-out of such communications.
- In order to coordinate your care or service your account, Total Dermatology and our agents may contact you by telephone at any telephone number you provide, including wireless telephone numbers, which could result in charges. Total Dermatology may also contact you by sending text messages or emails, using any e-mail address you provide. Methods of contacting may include prerecorded or artificial voice messages and or use of automatic dialing devices, as applicable.