

# Trident Dermatology

## NOTICE OF PRIVACY PRACTICES

This information is made available to all patients and describes how your medical information may be used and disclosed and how you may access this information. This notice applies to all records of your care generated by the Practice, whether created by the Practice or an associated entity. **PLEASE REVIEW IT CAREFULLY.**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, written, or orally, are kept confidential. This Acts 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 PHI.

This notice describes our practice's policies, which extend to:

- Any health care professional authorized to enter information into your chart (including physicians, assistants, nurses, etc.);
- All areas of the practice (front desk, administration, billing and collection, etc.);
- All employees, staff and other personnel that work for or with our practice;
- Our business associates (i.e. any billing service), on-call physicians, and so on.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose PHI that we have and share with others. Not every use or disclosure in a category is either listed or in place. The explanation is provided for your general information only.

- **Medical Treatment.** We may, and most likely will, disclose medical information about you to doctors, nurses, technicians, medical students, or hospital personnel who are involved in taking care of you (i.e. referrals). Different areas of the Practice also may share medical information about you including your record(s), prescriptions, requests of lab work and x-rays. We may also discuss your medical information with you to recommend possible treatment options or alternatives that may be of interest to you. We may also release medical information about you to anyone you have authorized us to discuss your care with.
- **Payment.** We may use and disclose medical information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment, to facilitate payment of a referring physician, or the like.
- **Operational Uses.** We may use and disclose medical information about you so that we can run our Practice more efficiently and make sure that our patients receive quality care. These uses may include reviewing our treatment and services to evaluate the performance of our staff,

deciding what additional services to offer and where, deciding what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other Practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

- **Appointment and Patient Recall Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care with the Practice. This contact may be by phone, in writing, e-mail, or otherwise and may involve sending a message which could (potentially) be seen by others.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects are subject to an approval process, and before we use or disclose medical information for research, the project will have been approved through this process. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the Practice. We will attempt to make the information non-identifiable to a specific patient, but we cannot guarantee that we can always do this.
- **Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law enforcement or agency:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
  - Any other audit, investigation, inspection, and licensure
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat either to your specific health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Public Health Risks.** Law or public policy may require us to disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **PATIENT RIGHTS**

You have the following rights with respect to your PHI:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy your medical record, you must submit your request in writing to our HIPAA Compliance Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies (tapes, disks, etc.) associated with your request. We may deny your request to inspect and copy in certain very limited circumstances.
- **Right to Amend.** If you feel that the medical information we have about you in your record is incorrect or incomplete, then you may ask us to amend the information. You have the right to request an amendment for as long as the Practice maintains your medical record. To request an amendment, your request must be submitted in writing, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated and signed by you and notarized. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for the Practice;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is inaccurate and incomplete.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures”, or a list of the disclosures we made of medical information about you, to others for purposes other than treatment, payment or healthcare operations. To request this list, you must submit your request in writing. We may charge you for the costs of providing the list. We

will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you. To request restrictions, you must make your request in writing and indicate:
  - what information you want to limit;
  - whether you want to limit our use, disclosure or both; and
  - to whom you want the limits to apply, (e.g., disclosures to your children, parents, spouse, etc.)

If you have paid for services “out of pocket”, in full and in advance, and you request that we not disclose the PHI related solely to those services to a health plan, we will accommodate your request, except where required by law.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice any time.

#### **PATIENT PORTAL**

The Practice may use and disclose your PHI through a secure portal that allows you to view and download certain medical and billing information. You may receive instructions on how to access your portal, however, use of the portal by you is not required.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact our Practice Compliance Officer, who will direct you on how to file an office complaint. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you. **You will not be penalized for filing a complaint.**

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we may receive from you in the future. We will post a copy of the current notice in the Practice. In addition, each time you visit the Practice for treatment or health care services you may request a copy of the current notice in effect.

**This notice is effective as of September 23, 2013 (Revised 1/15/21). Feel free to contact Practice Compliance Officer Aaron Guinn for more information by phone at 843-797-3960, in person, or in writing.**