

**HIPPA NOTICE OF PRIVACY PRACTICES**  
FAMILY DERMATOLOGY  
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**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.**

Our practice acts to maintain the privacy of protected health information and provide individuals with notice of the practice's legal duties, our privacy practices, and your rights with respect to protected health information as described in this Notice and abide by the terms of the Notice currently in effect. It also describes your right to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

**Complaints:**

The practice allows all patients and their agents to file complaints with the practice and with the Secretary of the federal Department of Health and Human Services (DHHS). A patient or his or her agent may file a complaint with the practice whenever he or she believes that the practice has violated their rights.

**Uses and Disclosures of Protected Health Information**

The practice reasonably ensures that the protected health information (PHI) it requests, uses and discloses for any purpose is the minimum amount of PHI necessary for that purpose. Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

**Treatment:** The practice will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with other health care providers involved in the patients care.

**Payment:** Relates to all activities associated with getting reimbursed for services provided, including submission of claims to insurance companies and any additional information requested by the insurance company so they can determine if they should pay the claim.

**Healthcare Operations:** The practice may use or disclose, as needed, your protected PHI in order to support the business activities of your physician's practice. These activities include but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected

health information, as necessary, to contact you to remind you of your appointment.

### **Uses and Disclosures Required by Law**

As required by the law the practice discloses protected health information to public health officials. This includes reporting of communicable diseases and other conditions, sexually transmitted diseases, lead poisoning, medical conditions or procedures or food-borne illness including but not limited to adverse reactions to immunization, cancer.

The practice discloses protected health information regarding victims of abuse, neglect or domestic violence. The practice discloses information about a minor, disabled adult, nursing home resident, or person over 60 years of age whom the practice reasonably believes to be a victim of abuse or neglect to the appropriate to the appropriate authorities as required by law or, if not required by law, if the individual agrees to the disclosure.

The practice informs the individual of the reporting unless the practice, in exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm or the practice would be informing a personal representative, and the practice believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interest of the individual as determined by the professional judgment of the practice.

### **Uses and Disclosures for Specialized Government Functions:**

The practice uses and discloses protected health information for military and veterans activities, national security and intelligence activities, and other activities required by law.

### **Uses and Disclosures in Emergency Situations:**

The practice uses and discloses protected health information as appropriate to provide treatment in emergency situations. In those instances where the practice has not previously provided its Notice of Privacy Practices to a patient who receives direct treatment in an emergency situation, the practice provides the Notice to the individual as soon as practicable following the provision of the emergency treatment.

### **Marketing Purposes:**

The practice does not use or disclose any protected health information for marketing purpose. The practice does engage in communications about products or services for treatment, to direct or recommend alternative treatments, therapies, health care providers, or settings of care to the individual. These activities are not considered marketing.

### **Individual Rights**

#### **Accounting for Disclosures of Protected Health Information**

The practice tracks all disclosures of a patient's PHI that occur for other than the purpose of treatment, payment, and health care operations, that are not made to the individual or to a person involved in the patient's care, that are not made as a result of

patient authorization, and that are not made for national security or intelligence purposes or to correctional institutions or law enforcement officials.

### **Notice of Breach**

If we or one of our business associates acquires, accesses, uses or discloses your PHI in a manner not permitted by HIPAA that compromises the privacy or security of your PHI, we are required to notify you.

### **Inspect and Copy Protected Health Information**

The practice allows individuals to inspect and copy their protected health information, documents all requests, responds to those requests in a timely fashion, informs individuals of their appeal rights when a request is rejected in whole or in part, and charges a reasonable fee for the copying of records.

The practice reviews the requests in a timely fashion and acts on a request for access generally within 30 days. The practice charges reasonable fees based on actual cost of fulfilling the request. The practice will determine the appropriate charges for providing the requested records and inform the requestor in advance of providing the records. If the requestor agrees to pay the fee in advance, the records will be provided.

### **Request Confidential Communications**

The practice accommodates all reasonable requests to keep communications confidential. The practice determines the reasonableness based on the administrative difficulty of complying with the request.

A request for confidential communication must be in writing, must specify an alternative address or other method of contact, and must provide information about how payment will be handled.

The practice will not refuse a request: if the requestor indicates that the communication will cause endangerment; or based on any perception of merits of the requestor's request.

### **Authorizations**

The practice obtains a written authorization from a patient or the patient's representative for the use or disclosure of protected health information for other than treatment, payment, or health care operations; however, the practice will not get an authorization for the use or disclosure of protected health information specifically allowed under the Privacy Rule in the absence of an authorization. The practice will provide a patient upon request a copy of any authorization initiated by the practice (as opposed to requested by the patient) and signed by the patient.

**This notice was published and becomes effective on/or before March 7, 2013**

**The practice is required by law to maintain the privacy of, and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please as to speak with the practice HIPPA Compliance Officer in person or by phone at our main phone number.**