

## NOTICE OF PRIVACY PRACTICES

- This notice describes how your health information may be used and disclosed and how you can access this information.
- At MD Dermatology we are required to keep your health information secure and confidential by law. Also by law we need to give you this notice and follow the terms outlined.
- The law permits us to use or disclose your health information to those involved in your treatment. For Example: we may send a report of your treatment or progress to your insurance company.
- We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your treatment information into our computer system.
- We may share your medical information with our business associates, such as a billing service. We have a written contract with all business associates that requires them to protect your privacy.
- We may use your information to contact you. For example, we may send newsletters or other information to you. We may also call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone.
- In an emergency we may disclose your health information to a family member or another person responsible for your care.
- We will need to release some or all of your health information when required by law.
- If this practice is sold your information will become the property of the new owner.
- Except as described above, this practice will not use or disclose your health information without your prior written authorization. This includes use in marketing and fundraising.
- You may request in writing that we not use or disclosures we make with your health information beyond the above normal uses.
- You have the right to receive communication about your health information in the manner you prefer. We will also use whatever communication methods, number or system you prefer.
- You have the right to see and receive a copy of your health information with a few exceptions. Give us a written request regarding the information you want to see. If you want a copy of your records we may charge you a reasonable fee for copies. If you would like a digital copy for your records, we will try to accommodate your request.
- You have the right to receive a report of who we disclose your information to.
- If our privacy and security measures or systems are breached in any way we will notify you.
- You have the right to receive a copy of this notice.
- If we change any of the details of this notice we will notify you of the changes in writing.
- You may file a complaint with the Department of Health and Human Services in writing (200 Independence Ave, SW Room 509F, Washington DC 20201) online (<http://www.hhs.gov>) or by email ([OCCROComplaint@hhs.gov](mailto:OCCROComplaint@hhs.gov)). You will not be retaliated against for filing a complaint.
- Please contact our privacy officer/clinical coordinator at 410-956-7777 for more information, to make a request, to file a complaint with us or for assistance regarding your health information privacy.

Acknowledgement: I have read and have been offered a copy of these privacy practices. Date: \_\_\_\_\_

Sign: \_\_\_\_\_ Name: \_\_\_\_\_