DERMATOLOGY ASSOCIATES OF DOTHAN, LLC

NOTICE OF PRIVACY PRACTICES

EFFECTIVE 09/17/2013

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.

This Notice of Privacy Practices is NOT an authorization. This Notice of Privacy Practices describes how the Dermatology Associates of Dothan, our Business Associates and their subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights 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 condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by our staff and others outside of Dermatology Associates of Dothan, LLC 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 Dermatology Associates of Dothan, LLC, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred, family practitioner, physical therapists, home health providers, laboratories, workman's compensation adjusters and nurse case managers, etc. to ensure that the healthcare provider has the necessary information to diagnose or treat you. We may disclose your protected health information to obtain a prior authorization from your insurance company for a prescription we have written for you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for lab results, laser treatment, etc., may require that your relevant protected health information be disclosed to the health plan to obtain approval for the procedure.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of Dermatology Associates of Dothan, LLC, and to comply with regulations affecting our operations. These activities include, but are not limited to: quality assessment, employee review, licensing, fundraising, and conducting or arranging for other business activities. For example, we may disclose your protected health information to students (PA, CRNP) that see patients at our clinics during training. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name to document that you presented for a visit. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you. Although it is unlikely, if we use or disclose your protected health information for fundraising activities, we will provide you the choice to opt out of those activities. You may also choose to opt back in.

We may use or disclose your protected health information in the following situations without your authorization.

As required by law, these situations include, but are not limited to: reporting communicable diseases, public health reporting, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, national security, workers' compensation, inmates, and other required uses and disclosures. Under the law, we must make disclosures available to you upon your request. Under the law, we must also disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object, unless required by law. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

You may revoke the authorization, at any time, in writing, except to the extent that Dermatology Associates of Dothan, LLC, has taken an action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS

The following are statements of your rights with respect to your protected health information.

You have the right to inspect or copy your protected health information (fees may apply) - Pursuant to your written request, you have the right to inspect or copy your protected health information whether in paper or electronic format.

Under federal law, however, you may not inspect or copy the following records:

Psychotherapy notes, information compiled in reasonable anticipation or, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

You have the right to request a restriction of your protected health information - This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Dermatology Associates of Dothan, LLC, is not required to agree to your requested restriction, except if you request that we not disclose protected health information to your health plan with respect to healthcare for which you have paid in full, out of pocket, at the time of service.

You have the right to request to receive confidential communications.

You have the right to request confidential communication from us by alternative means or at an alternative location.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.

You have the right to request an amendment to your protected health information. -If we deny your request for

amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures. - You have the right to receive an accounting of disclosures, paper or electronic, except for disclosures: pursuant to an authorization, for purposes of treatment, payment, health care operations, required by law, that occurred six years prior to the date of the request.

You have the right to receive notice of a breach. - We will notify you if your protected health information has been breached.

We reserve the right to change the terms of this notice and we will notify you of such changes on the following appointment. We will also make available copies of our new notice at our office.

MINIMUM NECESSARY RULE

Our staff will not use or access your PHI unless it is needed to do their jobs. All staff are trained in HIPAA Privacy and Security rules and sign a Confidentiality Policy with regards to keeping your PHI private.

Also, we disclose to outside entities only as much of your PHI as is needed to accomplish the recipients' lawful purposes.

INCIDENTAL DISCLOSURE RULE

We will take reasonable administrative, technical and security safeguards to ensure the privacy of your PHI when we use or disclose it. We use a firewall and routers to federal standards, change passwords periodically (i.e. when an employee leaves us), backup our PHI to federal standards, and do not allow unauthorized access to areas where PHI is stored or filed. We do not have any unsupervised business associates in PHI areas without a Business Associate Confidentiality Agreement.

In the event that there is a breach in protecting your PHI, we will follow Federal Guidelines to HIPAA Omnibus Rule Standards to first evaluate the breach situation using the Omnibus Rule, 4-Factor Formula for Breach Assessment. Then we will document the situation, retain copies of the situation on file, and report all breaches (other than low probability, as prescribed by the Omnibus Rule) to the U.S. Dept of Health and Human Services at: http://www.hhs.gov/ocr/privacyihipaaiadministrative/breachnotificationrulelbrinstruction.html.

CHANGES TO PRIVACY POLICY

We reserve the right to change our privacy practices at any time as authorized by law. The changes will be considered immediate and will apply to all PHI we create or receive in the future. If we make changes, we will provide the changed Notice in our office. Upon request, you will be given a copy of our current Notice.

FAXING, EMAILING, AND TEXTING RULES

When you request us to fax, email or text your PHI as an alternative communication, we may agree to do so, but this request may be reviewed by our Privacy Officer. By providing us with this information, you are guaranteeing that you have sole access to the fax, email or phone with text messaging. We are not responsible for PHI viewed by others if it is a shared fax, email or phone, as you requested that it be sent there. We will include a cover sheet or attach an appropriate notice to the message. Our emails and text messaging are currently

not encrypted and therefore there is the risk of unlawful disclosure when communicating with the Dermatology Associates of Dothan, LLC, including all employees, via e-mail or text message. If you request to receive communication via e-mail or text, you must first sign a document acknowledging that you are aware of the risk.

MARKETING RULES

Marketing is defined as communication about a product or service that encourages recipients to purchase or use the product or service. Under the HIPAA Omnibus Rule, we have included a section on our Acknowledgement form to obtain your authorization.

FUNDRAISING RULES

We generally do not participate in fundraising with our patient information. If we were to participate in fundraising activity, you will be provided with an opportunity to opt-out of participating in fundraising efforts.

AUTHORIZATIONS RELATED TO RESEARCH

We may seek authorizations from you for the use of your PHI for future research. However, we would make clear the purpose of the research.

COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint.

We will not retaliate against you for filing a complaint.

ATTN: Privacy Officer

Dermatology Associates of Dothan

2431 West Main Street, Suite 501

Dothan, Alabama 36301

(334) 793-9222

We are 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. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Privacy Officer.

Please note that by signing the consent form upon registration you are acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.