



# NORTH FLORIDA DERMATOLOGY

## **Notice of Privacy Practices**

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please contact North Florida Dermatology at 386-344-6102.

### **Our legal duty to protect health information about you**

We understand your health information is personal and we are committed to protecting it. We create a record of the care and services you receive at North Dermatology to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by North Florida Dermatology, whether made by the provider or staff members. This notice describes how we may use and disclose your health information, and provides examples where necessary. This notice also describes your rights regarding your health information.

We are required by law to maintain the privacy of health information, to provide individuals with notice of our legal duties and privacy practices with respect to health information, and to abide by the terms of the notice currently in effect.

### **Changes to this notice**

We reserve the right to change our privacy practices and this notice at any time. We reserve the right to make the revised notice effective for health information we already have about you as well as any information we receive in the future. A copy of the current notice will be available upon request at our office.

### **Consistent with state and federal law, we may use and disclose your health information without your written permission in the following circumstances:**

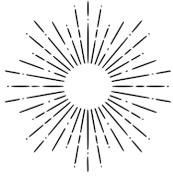
We may use and disclose your health information to provide medical treatment to you and to coordinate or manage your healthcare and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may use and disclose your health information when you need lab work or an x-ray. Also, we may use and disclose your health information when referring you to another healthcare provider or to recommend treatment alternatives to you.

We may use and disclose your health information to bill and receive payment for services rendered. For example, a bill may be sent to you or your insurance company. The items on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used so that your health plan will pay the medical bill. We may also tell your health plan about a treatment you are expected to receive in order to obtain prior approval or to determine if your health plan will pay for that treatment.

We may use and disclose your health information for healthcare operations. We will use your health information for regular operations of the clinic to provide patients with quality care. For example, members of the medical staff may use information in your health record to assess the care you receive and the outcomes of your treatment.

We may also use and disclose your health information:

- When necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.



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- To authorized officials when required by federal, state, or local law.
- In response to a subpoena, court, or other administrative order.
- As required by law, for public health activities. For example, preventing or controlling disease, reporting births and deaths, and reporting abuse and neglect.
- For authorized Worker's Compensation activities.
- To health oversight agencies. For example: agencies that enforce compliance with licensure or accreditation requirements.
- To coroners, medical examiners, or funeral directors to carry out their duties.
- As required by military command authorities, if you are a member of the armed forces.
- To our business associates to carry out treatment, payment, or health care operations on our behalf. For example, we may disclose health information about you to a company who bills insurance companies for our services.
- For research or to collect information in databases to be used later for research.
- To a correctional institution having lawful custody of you as necessary for your health and the safety of others.

## **You may refuse to permit certain uses and disclosures of your health information**

Unless you object, we may use or disclose your health information in the following circumstances:

- Individuals involved in your care or payment for your care. We may use or disclose information to a family member, legal representative, or other persons involved with or responsible for your care or the payment of your care.

## **Uses and disclosures of health information that require your written permission**

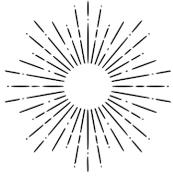
Other uses and disclosures of health information not covered by this notice or applicable law will be made only with your written permission. If you provide permission to use or disclose health information, you may revoke that permission at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your revocation. We are unable to take back any disclosures already made with your permission.

We will not use or disclose your protected health information for marketing purposes, nor will we sell your protected health information without your written permission.

## **Your rights regarding your health information**

You have the following rights regarding health information we maintain about you:

- **Right to See and Obtain Copies of your Health Information**  
You have the right to see and obtain copies of health information used to make decisions about your care. Usually this includes medical and billing records.



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To view and copy your health information, you must give written authorization. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to see and obtain copies of your health information in certain very limited circumstances. You have the right to appeal the denial.

- **Right to Amend**

If you think that your health and billing information is incorrect or incomplete, you may ask us to correct it. We may deny your request if:

1. The information was not created by us;
2. We believe the information is correct and complete; or
3. You do not have the right to review parts of the medical record under certain circumstances.

We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial.

If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, as needed, including persons you name who have received information about you and who need the amendment. Your request must be in writing and include an explanation of your reason(s) for the amendment.

- **Right to an Accounting of Disclosures**

You have the right to request an Accounting of Disclosures. This Accounting of Disclosures report does not include disclosures made for your treatment, payment, or health care operations. It also does not include disclosures made to or requested by you, or that you authorized.

You must submit your request for a report in writing to North Florida Dermatology. Your request must state a time period, which is limited to the previous six years from the date of the request. The first request for an accounting of disclosures will be provided free of charge. We may charge you for additional report requests made within a 12 month period.

- **Right to Request Restrictions**

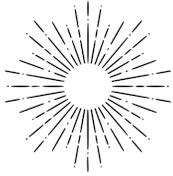
You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or healthcare operations. If we agree with your request, we will comply unless the information is needed to provide emergency treatment, is required by law, or is otherwise required to be disclosed as listed in this notice.

You must make your request for restrictions in writing to North Florida Dermatology. Your request must include what information you want to limit and how you want the limits to apply.

You have the right to restrict disclosures of health information made to a health plan when the items or services were paid in full prior to being rendered. Certain limitations apply.

- **Right to Choose How We Communicate With You**

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Please



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advise us of your preferred method of communication at the time of patient registration. We will not ask you the reason for your request and will accommodate reasonable requests.

- **Right to a Paper Copy of This Notice**

You have the right to receive a copy of this notice from North Florida Dermatology.

- **Right to Breach Notification**

You have the right to and will receive notification in the event of a breach of your unsecured protected health information, unless such notification is exempt by law.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us. You will not be penalized or denied services for filing a complaint. To file a privacy complaint with North Florida Dermatology, please contact us at 1717 SW Newland Way, Lake City, FL 32025 or call 386-344-6102. To file a complaint with the Secretary of the Department of Health and Human Services, visit the Office for Civil Rights website at [www.hhs.gov/ocr](http://www.hhs.gov/ocr).

I acknowledge that I have been provided a copy of the Notice of Privacy Practices and I have read and understand its contents. I understand that I may ask questions regarding the Notice of Privacy Practices and I may request a copy of this document at any time.