



YOUR RIGHTS

You have the right to inspect and copy your protected health information (fees may apply)

Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protective health 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

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 the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to your request for restriction, however if we do agree to restrict the use or disclosure of your protected health information, we must abide by that restriction, except in emergency circumstances when the information is required for your treatment. You may request a restriction on certain disclosures to your health plan if the disclosure is purely for carrying out payment or health care operations and the requested restriction is for services paid out-of-pocket. You may terminate your request for restriction at any time. We may also terminate a request that we have granted, after we have informed you in writing. All requests for restriction and termination of restriction must be submitted in writing to our Compliance Officer.

You have the right to receive confidential communications

You have the right to request confidential communications 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 be notified if your health information is breached

If a breach of your unsecured protected health information occurs, you will be notified in writing by our office.

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 Compliance Officer at 800-591-3376. We will not retaliate against you for filing a complaint.

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 to our Compliance Officer at 800-591-3376. We keep a current copy of the notice on display in our offices and on our website, www.RiverchaseDermatology.com.