



RIVERCHASE DERMATOLOGY

15051 S Tamiami Trail, Suite 203, Fort Myers, FL 33908

NOTICE OF PRIVACY PRACTICES

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.

The Notice of Privacy Practices describes how we 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 by your treating providers, 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: 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 ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, we may need to give your health plan information about your treatment for reimbursement purposes. We may also tell your health plan about a treatment you are going to receive to obtain approval or to determine whether your plan will cover the treatment.

Healthcare Operations: We may use and disclose protected health information about you for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed or whether certain new treatments are effective. 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 provider is ready to see you. We may use or disclose your information, as necessary, to contact you to remind you of your appointment or inform you of the need for an appointment, and inform you about health related benefits and services that may interest you.

We may use or disclose your protected health information in the following situations without your authorization. These situations may include: as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, workers' compensation, inmates, and other required uses and disclosures. Under the law, we must make disclosures 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.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law. A separate authorization is required for uses and disclosures of your protected health information for psychotherapy notes, marketing purposes, and sale of protected health information. You may be contacted for fundraising purposes, but you have the right to opt out of such communications. **You may revoke the authorization**, at any time, in writing, to the extent that your physician or the physician's practice has taken action in reliance on the use or disclosure indicated in the authorization.

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 - 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 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 office and on our website, www.RiverchaseDermatology.com.