

## NOTICE OF PRIVACY PRACTICES

Effective June 14, 2021: 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.

### OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and provide you a copy.
- We will not use or disclose (share) your information other than as described in this notice unless you tell us that we can in writing via an authorization to release protected health information. If you tell us we can share your information, you may change your mind at any time by letting us know in writing via a revocation of release of protected health information notice.

### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

### OUR USES AND DISCLOSURES

Your health information may be used by our treating providers, our office staff, our providers and staff or our affiliated medical practice, Water's Edge Dermatology, 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 seek payment for health care provided to you, and to support the operation of our medical and cosmetic practice. References to "we," "us," or "our" includes our medical practice and our affiliate, Water's Edge Dermatology.

#### Treatment

We can use and disclose your health information to provide, coordinate, or manage your health care and any related services. For example, we may:

- Contact you to provide treatment-related services, such as appointment reminders, adherence communications, treatment alternatives that may be of interest to you, and refill reminders.
- Use and disclose your health information to provide and coordinate the treatment, diagnosis, medication and services you receive at our practice locations.
- Disclose your health information to coordinate or manage your health care with a third party, such as a pharmacy, doctors or hospitals to assist them in providing care to you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### Operations

We can use and share your health information 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.
- 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.
- 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.
- Use and disclose your health information to contact you about health-related products and services that may be of interest to you.
- Disclose your health information to other health care providers that have provided services to you so that they can improve the quality of the health care services they provide or for their health care operations.
  - Use your health information to create de-identified data as permitted by applicable laws. After health information is de-identified (i.e., it no longer identifies you), the information is no longer subject to this Notice and we may use the information for any lawful purpose.
  - Transfer or receive your health information if we buy or sell practice locations.
  - Use your health information to provide customer service to you, to resolve complaints and to coordinate your care.

*Example: We use health information about you to manage your treatment and services.*

### **Payment Purposes**

We can use and share your health information to bill and get payment from health plans or other entities. 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.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### **Help with Public Health and Safety Issues**

We can share health information about you for certain situations such as:

- Preventing or controlling disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Research**

We can use or share your health information for health research or research projects that meet federal privacy law requirements. In some instances, federal law allows us to use or disclose your health information for research without your authorization, provided we get approval from a special review board. We may also disclose your health information to a researcher preparing to conduct a research project.

### **Required by Law**

We will share information about you if state or federal law requires it, including with the Department of Health and Human Services to ensure that we are complying with federal privacy law.

### **Persons involved with your care**

We may disclose your health information to people involved in your care, such as family members or friends, unless you ask us not to. We may share your health information with someone who helps pay for your care.

### **Business Associates**

We may disclose your health information to individuals or entities that perform functions or provide us with services if the health information is necessary for them to provide functions or services to us or on our behalf.

### **Workers' Compensation, Law Enforcement and other Governmental Requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security and presidential protective services

### **Respond to Organ and Tissue Donation Requests**

We can share health information about you with organ procurement organizations.

### **Medical Examiner or Funeral Director**

We can share health information with a coroner, medical examiner or funeral director when an individual dies as necessary for them to carry out their duties. Upon your death, we may disclose your health information to an administrator, executor, or other individual authorized under law to act on behalf of your estate.

### **Respond to Lawsuits & Legal Actions**

We can share health information in response to a court or administrative order, or in response to a subpoena, discovery request or other lawful process.

### **Healthcare Oversight Activities**

We may share your health information to a health oversight agency for investigations, inspections, audits, surveys, licensure and disciplinary actions, and in certain civil, administrative, and criminal procedures or actions, or other health oversight activities as authorized by law.

### **Minors**

If you are a minor, we may use or disclose your health information to your parents or legal guardians when permitted or required by law.

## **YOUR CHOICES**

For certain health information, you can tell us your choices about what information we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### **You have the right to decide:**

- How we share information with your family, close friends, or others involved in your care
- How we share information in a disaster relief situation

If you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information to lessen a serious and imminent threat to health or safety. We will never share your information unless you give us permission for the following:

- Marketing purposes

### **Fundraising**

We may contact you for fundraising efforts, you can opt out of this at anytime to be removed from this contact.

## **YOUR RIGHTS**

When it comes to your health information, you have certain rights including:

### **Access to your medical records**

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. We may deny access, under certain circumstances. If we deny your request, we will notify you and let you know if you may request a review of the denial.

### **Request a Correction to your Medical Record**

You can ask us to correct health information about you that you think is incorrect or incomplete. We may deny your request, but we will notify you in writing within 60 days and describe your rights to give us a written statement disagreeing with the denial. We may deny your request if:

- The health information was not created by our practice.
- The health information is not part of the health information used to make decisions about you.
- We believe the health information is correct and complete.
- You would not have the right to inspect and copy the record as described above.

### **Request Confidential Communications**

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

### **Ask us to Restrict Health Information Used or Shared**

You can ask us not to use or share certain health information for treatment, operations or payment purposes. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree with your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information or in emergency circumstances when the information is required for your treatment.

### **Get a List of Those with Whom We Have Shared Information**

You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date requested, who we shared it with, and why. We will include all of the disclosures except for those about treatment, health care operations, payment and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you request another one within 12 months.

### **Get a Copy of this Privacy Notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose Someone to Act for You**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

### **File a Complaint if you Feel Your Rights are Violated**

You can complain if you feel we have violated your rights by contacting our Chief Compliance Officer.

Contact Information for our Chief Compliance Officer

Mail: Riverchase Dermatology  
Attn: Chief Compliance Officer  
900 Village Square Crossing  
Palm Beach Gardens, FL 33410  
Email: [compliance@riverchasederm.com](mailto:compliance@riverchasederm.com)  
Phone: [\(844\) 634-3376](tel:8446343376)

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling [1-877-696-6775](tel:1-877-696-6775) or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). We will not retaliate against you for filing a complaint.

We keep a current copy of this Notice on display in our offices and on our website.

### **This Notice of Privacy Practices applies to the following organizations.**

This Notice applies to all of our offices and all of the office locations for our affiliate, Water’s Edge Dermatology. Your health information may be used by our treating providers or staff and the providers and staff of affiliated Water’s Edge Dermatology involved in your care and treatment for health care services, to seek payment for health care services provider and to support the operation of our medical and cosmetic practice.