



Notice of Privacy Practices Dermatology Consultants, Inc.

This notice describes how medical information about you may be used, disclosed and how you can get access to it. Please review it carefully.

If you have any questions about this Notice, please contact the Practice Administrator, Kelly Kraft-Meyer, who also serves as the Privacy Officer.

Effective Date: April 14, 2003

Revised Date: January 24, 2022

We are committed to protecting the privacy of your personal health information (PHI).

This Notice of Privacy Practices describes how we may use within our practice or network and/or disclose (share outside of our practice or network) your PHI to carry out treatment, payment and/or health care operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI.

We may change our Notice at any time. Any changes will apply to all PHI. Upon your request, we will provide you with any revised Notice by:

- Posting the new Notice in the office
- If requested, making copies of the new Notice to share via the office or via the mail
- Updating our website with the newly revised Notice: www.dermconsultant.com

Uses and Disclosures of Protected Health Information (PHI)

- We may use or disclose (share) your PHI to provide healthcare treatment for you.

Your PHI may be used and disclosed by your physician, 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.

For example: Your PHI may be provided to a physician to whom you have been referred for evaluation to ensure that the physician has the necessary information to diagnose or treat you. We may also share your PHI from time to time with another physician or health care provider (e.g. a specialist or laboratory) who at the request of the physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment by your physician.

- We may also share your PHI with people outside of our practice that may provide medical care for you such as home health agencies.

We may use and disclose your PHI to obtain payment for services. We may provide your PHI to others in order to bill or collect payment for services. We may share information with your health plan to determine if services will be covered by payment. Examples of such organizations include billing companies, insurance companies, health plan groups, governmental agencies that outline qualification of benefits, collection agencies, etc.

For example: You are seen at our practice for a procedure. We will need to provide a listing of services such as x-rays to your insurance company so that we can get paid for the procedure. We may at times contact your health care plan to receive approval PRIOR to performing certain procedures to ensure that the procedure cost will be paid.

- We may use or disclose your PHI in order to support the business activities of this practice which are called health care operations.

For example:

- Training students, other health care providers, or ancillary staff such as billing personnel to help them learn or improve skills
- Quality improvement processes which look at delivery of health care as well as ways to provide safer, more effective care for you
- Use of information to assist in resolving problems or complaints that may arise within the practice

- We may use and disclose your PHI in other situations without your permission:

- If required by law. The use or disclosure will be made in compliance with the law and will be limited to relevant requirements of the law. For example, we may be required to report gunshot wounds or suspected abuse or neglect.
- Public health activities. The disclosure will be made for the purpose of controlling disease, injury or disability and only to public health authorities permitted by law to collect or receive information. We may also notify individuals who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
- Health oversight agencies. We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that overs the health care system government benefit programs, other regulatory agencies and civil rights laws.
- Legal proceedings. To assist in any legal proceedings or in response to a court order, in certain conditions in response to a subpoena or other lawful process your PHI may be shared.
- Police or other law enforcement purposes: The release of PHI will meet all applicable legal requirements for release.
- Coroners, Funeral Directors: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death of for the coroner or medical examiner to perform other duties authorized by law.

- Medical Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and establish protocols to ensure the privacy of your protected health information.
- Special Governmental Purposes: Information may be shared for national security purposes or if you are a member of the military, under limited circumstances.
- Correctional Institutions: Information may be shared if you are an inmate or under custody of law which is necessary for your health or the health and safety of others.
- Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Other uses and disclosures of your health information:

- Business Associates: Some services are provided through the use of contracted entities called 'business associates'. We will always release only the minimum amount of PHI necessary so that the business associate can perform the identified services. We require the business associate(s) to appropriately safeguard your information. Examples of business associates include billing companies or transcriptions services.
- Health Information Exchange: We may make your health information available electronically to other healthcare providers outside of our facility who are involved in your care.
- Fundraising Activities: We may contact you in an effort to raise money. You may opt of receiving such communications.
- Treatment Alternatives: We may provide you notice of treatment options or other health related services that may improve your overall health.
- Appointment Reminders: We may contact you as a reminder about upcoming appointments or treatment.

We may use or disclose your PHI in the following situations UNLESS you object:

- We may share your information with friends or family members or other persons directly identified by you at the level they are involved in your care or payment of services. If you are not present or able to agree/object, the healthcare provider using professional judgement will determine if it is in your best interest to share the information. For example, we may discuss post procedure instructions with the person who drove you to the facility unless you tell us specifically not share the information.
- We may use or disclose protected health information to notify or assist in notifying a family member, personal representatives or any other person that is responsible for your care of your location, general condition or death.
- We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.

The following uses and disclosures of PHI require your written communication:

- Marketing
- Disclosure of for any purposes which require the sale of your information.
- Release of psychotherapy notes: Psychotherapy notes are notes by a mental health professional for the purpose of documenting a conversation during a private session. This session could be with an individual or with a group. These notes are kept separate from the rest of the medical record and do

not include medications and how they affect you, start and top times of counseling sessions, types of treatments provided, results of tests, diagnosis, treatment plan, symptoms, prognosis.

All other uses and disclosures not recorded in this Notice will require a written authorization from your or your personal representative.

Written authorization simply explains how you want your information used and disclosed. Your written authorization may be revoked at any time, in writing. Except to the extent that your doctor or this practice has used or released information based on the direction provided in the authorization, no further use or disclosure will occur.

Your Privacy Rights

You have certain rights released to our protected health information. All requests to exercise your right must be made in writing. Please obtain a Release of Records form, and return it to the office. You may also send a letter to the Executive Practice Administrator outlining your request.

You have the right to see and obtain a copy of your protected health information (PHI).

This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as maintain the protected health information. If requested, we will provide you a copy of your records in an electronic format. There are some exceptions to records which may be copied and the request may be denied. We may charge a reasonable fee for a copy of the records.

You have the right to request a restriction of our protected health information (PHI).

You may request for this practice not to use or disclose any part of our protected health information for the purposes of treatment, payment or healthcare operations. We are not required to agree with this request. If we agree to a restriction request, we will honor the restriction request unless the information is needed to provide emergency treatment.

There is one exception: we must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket in full for service or product unless it is otherwise required by law.

You have the right to request for us to communicate in different ways or in different locations.

We will agree to reasonable requests. We may also request alternative address or other method of contact such as mailing information to a post office box. We will not ask for an explanation from you about the request.

You may have the right to request an amendment of your health information.

You may request an amendment of our health information if you feel that the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have an opportunity to disagree.

You have the right to a list of people or organizations who have received your PHI from us.

This right applies to disclosures for purposes other than treatment, payment or healthcare operations. You have the right to obtain a listing of these disclosures that occurred after 4.14.03, you may request them for a previous six years or a shorter timeframe. If you request more than one list within a 12 month period, you may be charged a reasonable fee.

Additional Privacy Rights:

Upon request, you have the right to obtain a paper copy of this Notice from us. We will provide you with a copy of this Notice the first day we treat you are our office. In an emergency situation, we will give you this Notice as soon as possible.

You have the right to receive notification of any breach of your PHI.

Concerns:

If you believe that we have violated your rights or have a concern about our privacy practices, you may contact:

The Executive Practice Administrator for Dermatology Consultants, Inc, 1330 Oak Lane, Lynchburg, VA 24503 or by calling 434.847.6132

You may also contact the United States Secretary of Health and Human Services.

If you should file a concern/complaint, we will not retaliate against you for doing so.

The Notice is published and becomes effective on April 13.2003.

Revised on January 24, 2022

Dermatology Consultants, Inc.
1330 Oak lane
Suite 101
Lynchburg, VA 24503
434.847.6132
434.845.4870 - fax