



## PRIVACY POLICY

### Our Privacy Obligations

We maintain the privacy of medical and health information of any individual for whom we provide services ("Protected Health Information" or "PHI") and endeavor to comply with all relevant state, national, and international laws and regulations including the U.S. Health Insurance Portability and Accountability Act (HIPAA) of 1996. We abide by the terms of this Notice, as amended from time to time.

### Use and Disclosures Requiring Your Written Authorization

#### Use or Disclosure of PHI with Your Authorization

We require your authorization, given upon an executed release form, to use or disclose PHI. After we receive your authorization, we will use and disclose PHI to provide our services to you. This authorization will allow us to collect information from hospitals and doctors' offices you identify in order to provide you our services. We may also disclose PHI to other medical institutions or medical professionals who are involved in the delivery of our services to you. You have the right to excluded disclosure of any care for which you have paid for out of pocket.

We will not disclose PHI to a family member, relative, friend, or any other person unless they are specifically identified by you on your authorization as appropriate to receive PHI. If you object to such uses or disclosures, please notify the Office Manager.

We may disclose PHI to the physician(s) or medical institutions you identify on your authorization when such PHI is appropriate for them to continue your treatment or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance.

**HIV-related Information Limitation.** We require a separate, specific and independent release to use or disclose Confidential HIV-related information, except, in certain limited circumstances, to public health or other government officials or persons you have had sexual contact or have shared needles or syringes (in each case as required by law), or to persons specified in a special court order, or to certain persons with whom you have had sexual contact or have shared needles or syringes.

#### Payment

Unless you have specifically agreed in advance, we will never use or disclose your PHI to obtain payment from the entity from whom we are paid. We may share with such payers de-identified information (information which does not include your name, address, social security number or other way to identify who you are).



## Marketing Communications

We will never use your PHI for any marketing materials without first receiving a written authorization, a testimonial release. We will never require your execution of a testimonial release before you may receive our service. We will also never use your PHI for mass marketing purposes.

## Permissible Uses and Disclosures without Your Written Authorization

We are not required to receive an authorization from you for the following uses and disclosures:

### Operations

We may use and disclose PHI for our service operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the services that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our personnel and consulting medical institutions and medical professionals. We may disclose PHI to our management in order to resolve any complaints you may have and ensure that you receive the highest quality services.

### Public Health Activities

We may disclose PHI for the following public health activities to report:

- information to public health authorities for the purpose of preventing or controlling disease, injury or disability;
- information to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government programs
- child abuse, neglect or domestic violence, to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence;
- information about products and services under the jurisdiction of the U.S. Food and Drug Administration;
- to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition;
- to prevent or lessen a serious and imminent threat to a person's or the public's health or safety
- to organizations that facilitate organ, eye or tissue procurement, banking or transplantation;
- for research purposes if an Institutional Review Board/Privacy Board approves a waiver of authorization for disclosure; and
- information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

### Governmental Proceedings

We may disclose PHI for the following governmental proceedings to report:



# Dermatology & Plastic Surgery of Arizona

165 El Camino Real, Sierra Vista, AZ 85635

- in the course of a judicial or administrative proceeding in response to a legal order or other lawful process;
- to the police or other law enforcement officials as required or permitted or permitted by law or in compliance with a court order or a grand jury or administrative subpoena;
- to a coroner or medical examiner as authorized by law;
- to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances required by law;  
as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs; and
- when required to do so by any other law not already referred to in the preceding categories.

## Your Individual Rights

### For Further Information; Complaints

If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to PHI, you may contact our office manager in writing. You may also file written complaints with the relevant local, state, national, or international privacy agency. We will not retaliate against you if you file a complaint with us or any governmental agency.

### Right to Request Additional Restrictions

You may request restrictions on our use and disclosure of PHI

- for treatment, payment and health care operations,
- to individuals involved with our delivery of services to you, or
- to notify or assist in the notification of such individuals regarding your location and general condition.

All requests for such restrictions must be made in writing. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction.

### Right to Receive Confidential Communications

You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.

### Right to Inspect and Copy Your Health Information

Upon written request, you may access your PHI file in our possession in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to your records. If you desire access to your records, please request access from the office manager, a written authorization may be required. If you request copies, we may charge a nominal fee per page or per file, which we will identify to you in advance of starting the request. We may also charge you for our postage costs, if you request that we mail the copies to you or your representative.