



Notice of Patient 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.

Effective Date: March 1, 2014. If you have questions about this Notice, please contact Sharon Miller, the Dermatology Associates of Tampa Bay's Privacy Officer at (813) 882-4206.

We know that the privacy of your medical information is important to you. This Notice describes how we protect your privacy as we provide services to you. It describes the medical information we collect about you, how we use it, and with whom we share it. This Notice also explains your rights and certain obligations we have regarding the use and disclosure of your medical information. This Notice applies to all of the records of your care that we create or receive.

Understanding your Medical Record and Information

Each time you receive services from us, we make a record of the encounter. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment.

Understanding what is in your record and how your medical information may be used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Our Use and Disclosure of Your Medical Information Not Requiring Your Written Authorization

The categories below describe different ways that we may use or

disclose your medical information, without obtaining your written authorization:

Treatment:

- We may use medical information about you as the basis for planning and coordinating your healthcare. For example, we may disclose your medical information to our workforce members, nurses, pharmacists, and other healthcare providers who have a need for such information for your care and treatment.

Payment:

- We may disclose medical information about you to your insurance company, its agents, and our agents to be paid for the services you were provided. For example, we may need to release your diagnoses, tests or treatment or to provide copies of your medical record to your insurance company or its agents to obtain prior approval or to determine whether your insurance will cover the treatment or tests.

Healthcare Operations:

- We may use and disclose medical information about you for our operations including, legal, accounting, quality review, medical review, internal auditing, licensing or credentialing activities and service providers we hire to perform services on our behalf.

- We may use and disclose medical information about you to educate our professionals and workforce members as well as to assess the care and outcomes in your case and others like it to, for example, population based activities relating to improving healthcare or reducing healthcare costs, protocol development, case management and care coordination.

Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services:

- We may use and disclose medical information about you to remind you that you have an appointment and to tell you about or recommend possible treatment options, alternatives, or health-related benefits or services that may be of interest to you.

Health or Safety:

- We may use and disclose medical information about you to avert a serious threat to your health and safety or the health and safety of another person or the public.

Research:

- Under certain circumstances, we may use and disclose medical information about you for research purposes and to researchers, when their research has been approved by an institutional review board that has reviewed the research proposal and



established protocols to ensure the privacy of your health information. This information will be de-identified.

Communication with Family, Friends, and Others:

- We may disclose medical information about you to a friend, family member, clergy, or anyone else you identify, who is involved in your medical care. We may also give medical information to someone who helps pay for your care. In addition, we may disclose medical information about you to an agency assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

- You have a right to request that your medical information not be shared with some or all of your family or friends.

Law Enforcement Purposes:

- We may disclose medical information about you for law enforcement purposes, including, as required by law or in response to a valid subpoena or court order.

Required by Law:

- We may disclose medical information about you when required by federal, state, or local law or public health officials to make reports or other disclosures, including, for example, for all of the following purposes, as they may apply to you: (a) community and public health activities such as disease control; (b) administrative agency oversight for such things as audits, investigations, drug diversion programs, and fraudulent prescription activity; (c) specialized government functions such as military and veteran's activities, national security and intelligence

activities, and protective services for the President and others; and (d) workers' compensation or similar programs.

Inmates or in Law Enforcement Custody:

- Should you be an inmate of a correctional institution, we may disclose to the institution or its agents medical information about you for your health and the health and safety of other individuals.

Coroners, Medical Examiners, Funeral Directors:

- We may disclose medical information about you to a coroner, medical examiner, or funeral director.

Organ Procurement:

- We may disclose medical information about you to an organ procurement organization or entity for organ, eye or tissue donation purposes when donation has been authorized or to verify that appropriate organ procurement procedures were followed.

Food and Drug Administration (FDA):

- We may disclose medical information about you to the FDA to report adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Abuse and Domestic Violence:

- As provided by federal and state law, we may, at our professional discretion, disclose to proper federal or state authorities medical information about you related to possible or known abuse or domestic violence.

Our Use and Disclosure of Your Medical Information Requiring Your Written Authorization

Marketing:

- We will obtain your written authorization for most marketing activities and disclosures that constitute the sale of your medical information before any such disclosure.

Psychotherapy Notes:

- We will obtain your written authorization for any use or disclosure of psychotherapy notes, except as permitted by law.

Other Uses:

- We will obtain your written authorization for any uses or disclosures of your medical information that are not for treatment, payment or health care operations or otherwise required or permitted by law, and other uses and disclosures not described in this Notice.

Your Health Information Rights

Although your health record is the physical property of this practice, the information belongs to you.

Copy of Notice:

- You have the right to obtain a paper or electronic copy of this "Notice of Patient Privacy Practices." An electronic copy is available on our website at www.dermassociatesoftb.com.

Right to Inspect and Copy:

- Generally, you have the right to inspect and receive copy your medical record. To inspect and receive a copy of your medical information, you must submit your request to us in writing. If you request a copy of the information,



we may charge a reasonable fee for the costs of copying or mailing and labor associated with your request as allowed by law. We may deny your request under certain circumstances, including, for example, if review of the records is reasonably likely to endanger the life or physical safety of the individual or another person.

Right to Amend:

- If you believe that medical information we have about you is incorrect or incomplete, you may ask us to amend the information by adding a statement to your medical record. Your request must be submitted to us in writing with a reason that supports your request. We may deny your request for an amendment if it is not in writing, does not include a reason to support the request, if we did not create the information, the information is not part of the designated record set, the information would not be available for your inspection, or the information is inaccurate and complete.

Right to Disclosure List:

- You have the right to obtain an accounting of disclosures of your medical information. This is a list of the disclosures we made of your medical information. Your request must be in writing and must include the time period of the accounting (not be longer than 6 years prior to the date for your request). The first list you request within a 12-month

period will be free. We may charge you for the costs of providing additional lists.

Right to Request Confidential Communications:

- You have the right to request communications of your medical information by alternative means (e.g., electronic copy) or at alternative locations (e.g., only contact you at work).

Right to Request Restrictions:

- You have the right to request restrictions and limitations on the medical information we use or disclose about you to carry out treatment, payment, or health care operations, including, to a health plan with respect to healthcare for which you have paid out of pocket in full prior to service being initiated. We are not required by federal regulation to agree to your request and may be prohibited by law from agreeing your request, such as, in the event of reporting for public health activities. You must make your request for a restriction in writing and it must include, what information you want to restrict; whether you want to limit our use, disclosure or both; and to whom you want the restrictions to apply.

Right to Revoke Your Authorization:

- You have the right to revoke an authorization at any time. You must submit your request to us in

writing. This revocation will be effective for future disclosures of your medical information, but the revocation will not be effective for information that we have already used or disclosed.

Right to Breach Notification:

You have the right to be notified in the event that we, or one of our business associates, discover(s) a breach involving your unsecured medical information.

Our Responsibilities

In addition to our other responsibilities set out in this Notice, we are also required to:

- Maintain the privacy of your medical information.
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.

We reserve the right to change our Notice of Privacy Practices and to make the new provisions effective for all medical information we maintain. Should our information practices change, we will post the changes in our reception area. At your request and expense, we will mail you a revised "Notice of Patient Privacy Practices" to the address you've supplied us. An electronic copy is also available on our website at www.dermassociatesoftb.com.

Who to Contact. To exercise any of the rights described in this Notice, to ask questions, or obtain additional information, please contact Sharon Miller, the Dermatology Associates of Tampa Bay's Privacy Officer at (813) 882-4206 or Dermatology Associates of Tampa Bay, 6001 Memorial Highway, Tampa, FL 33615.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with Secretary of the Department of Health and Human Services.

You will not be penalized for filing a complaint.