

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 Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your protected health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse PHI.

As required by HIPAA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, health care operation, and for other purposes that are permitted or required by law.

- **Treatment:** We may use and disclose your PHI, including full-face and other identifiable photographs, to provide, coordinate, and/or manage your health care and related services. We may disclose your PHI to other physicians who are already treating you. Additionally, we may disclose your PHI to another physician or health care team who we have requested be involved in your care; for example, we may disclose your PHI for the purposes of a referral to a specialist who will aid in your treatment.
- **Payment:** We may use and disclose your PHI to obtain payment for the health care services we provide, including but not limited to obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. Examples of this include sending your insurance company a bill for your visit and verifying coverage prior to a surgery.
- **Health Care Operations:** We may use and disclose your PHI to support the business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. In addition, we may disclose your PHI to third party business associates who perform billing, consulting, accounting, or other services for our practice.
- **As Required by Law:** We may use and disclose your PHI when required by federal, state, or local law. In all situations, we will do our best to assure its continued confidentiality to the extent possible.
- **To Avert a Serious Threat to Public Health or Safety:** We may use and disclose your PHI to a public health authority that is permitted to collect and receive the information for the purpose of controlling disease, injury, and/or disability.
- **Inmates:** We may use and disclose your PHI to a correctional institution or law enforcement official if you are an inmate of that correctional institution or under the custody of the law enforcement official. This information would be necessary for the institution to provide you with health care, to protect the health and safety of others, and/or for the safety and security of the correctional institution.

Communication:

We may contact you by phone or in writing to provide appointment reminders or information about treatment alternatives or other health-related benefits and services, in addition to other fundraising communications, that may be of interest to you. You have the right to "opt out" with respect to receiving fundraising communications from us. By supplying your email address, phone number, and any other personal contact information, you authorize your healthcare provider and her employees, agents, and assignees to contact you via mail, email, telephone, and/or text messaging, including using automated outreach and messaging systems. Similarly, if you sign up for our online patient portal, you authorize your healthcare provider and her employees, agents, and assignees to contact you securely via that portal.

Exceptions:

The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:

- Most uses and disclosure of psychotherapy notes,
- Uses and disclosure of your PHI for marketing purposes, including subsidized treatment and health care operations,
- Disclosures that constitute a sale of PHI under HIPAA, and
- Other uses and disclosures not described in this notice.

Your Rights:

You have the following rights with respect to your PHI:

- You have the right to request a restriction or limitation on how we use or disclose your PHI. For example, you could request that we not disclose information to your insurance carrier about a treatment that you paid for in full out of pocket. Your request must be made in writing to our Practice Administrator. We are required to honor and abide by that written request to the extent that it does not violate federal, state, and/or local law and does not pose a threat to your personal safety/health or public safety/health, and except to the extent that we have already taken actions relying on your prior authorization.
- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you.
- The right to reasonable requests as to how we communicate your PHI with you to preserve your privacy. Your request must be made in writing and must specify how we are to contact you. We will accommodate all reasonable requests, and all such requests are valid until revoked in writing.
- The right to inspect and copy your PHI for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making health care decisions. You may request an electronic copy of your information in a form you specify; however, if we are not able to provide the information in the form requested, we must contact you to determine a suitable alternative. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request. If you wish to inspect a copy of your medical information, you must submit a request in writing to our Practice Administrator at Cherry Hills Dermatology, 499 E. Hampden Ave., Suite 390, Englewood, CO 80113. We will have 30 days to respond to your request.
- The right to amend your PHI if you believe that it is incomplete or inaccurate. You must make this request in writing to our Practice Administrator, stating exactly what information is incomplete or inaccurate and providing reasoning or other documentation that supports your request. We are permitted to deny your request if it is not in writing or does not include supporting reasoning/documentation. We may also deny your request if the information was not created by us, the person who created it is not longer available to make the amendment, the information is not part of the designated record set kept by the practice, or if it is the opinion of the health care provider that the existing information is accurate and complete.
- The right to receive an accounting of disclosures of your PHI outside of our practice that were not for the purposes of treatment, payment, or health care operations. Your request must be made in writing and must state the time period for the requested information. You may request information about disclosures for any dates with the period for which we are legally obligated to retain records.
- The right to file a formal, written complaint with the Practice Administrator or with the Department of Health and Human Services, Office of Civil Rights if you feel that your protections have been violated by our office. If you file a complaint with our Practice Administrator, you must make it in writing within 180 days of the suspected violation. We will not retaliate against you for filing a complaint.
- The right to obtain a paper copy of this notice from us upon request.
- The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed.

We are required by law to maintain the privacy of your PHI and to provide you the notice of our legal duties and our privacy practice with respect to PHI.

This notice is effective as of February 25, 2019 and it is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain. We will post a copy and you may request a written copy of the revised Notice of Privacy Practice from our office.

Uses or disclosures of your health information not covered by this notice or the law that apply to us may only be made with your written authorization. For example, if you request that we transfer your medical records to another provider, we ask that you sign an authorization for us to do so. You may revoke such authorization in writing at any time and we will not longer disclose PHI for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

Please contact the Practice Administrator at Cherry Hills Dermatology, 499 E. Hampden Ave., Suite 390, Englewood, CO 80113, (303)390-0795 with any questions or for more information.